



P.O. Box 1196
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ACH DEBIT AUTHORIZATION FORM

I (we) hereby authorize Maury County Water System hereinafter called COMPANY, to initiate electronic debit entries to my (our) account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that ACH transactions I (we) authorize must comply with all applicable law.

* MCWS Account Name(s)

* MCWS Service Address

*City

*State

*Zip

* Financial Institution

* Financial Institution Account Holder

* Routing Number

* Account Number

* Type of Account: _____ Checking _____ Savings

Frequency: _____ MONTHLY _____

Start Date (if recurring): _____

Amount of debit(s) or method of determining amount of debit(s): _____ MONTHLY BILL _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will be deducted from your account on the next banking day and will not be deducted from your account prior to the authorized date.

This authorization is to remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to terminate this authorization in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I understand that in the event my (our) monthly amount drafted is returned, a \$20.00 fee will be assessed, in addition to the monthly payment due.

* Print or Type Individual Name

* Phone

* Signature

* Date

Please attach a copy of a voided check with this form.

FOR OFFICE USE ONLY

Account Number

Location Number

Date Completed

Completed By (initials)