

Town of Wartrace  
P.O. Box 158 ♦ Wartrace, TN 37183  
Tel: (931) 389-6144 ♦ Fax: (931) 389-6142  
Email: [admin@townofwartrace.com](mailto:admin@townofwartrace.com)  
[www.townofwartrace.com](http://www.townofwartrace.com)

## WATER BILLING RECURRING ACH PAYMENT AUTHORIZATION

Date: \_\_\_\_\_

You authorize monthly scheduled charges to your checking/savings account. You will be charged the amount indicated on your monthly bill. Your monthly bill will indicate that the payment will be deducted by ACH on the 12<sup>th</sup> of each month. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

NAME \_\_\_\_\_  
SERVICE ADDRESS \_\_\_\_\_  
BILLING ADDRESS (if different than service address) \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

BANK NAME \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_  
BANK ROUTING # \_\_\_\_\_  
BANK ACCOUNT # \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Town of Wartrace in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that the Town of Wartrace may at its discretion attempt to process the charge again within 30 days and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

### PLEASE PROVIDE A VOIDED CHECK/BANK STATEMENT FOR ACCURATE ACCOUNT INFORMATION

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

For any questions please call the Town of Wartrace Water Billing Department at 931-389-6144.