

**AUTHORIZATION TO HONOR DEBITS DRAWN BY
MAYNARDVILLE UTILITY DEPARTMENT
PO BOX 217
MAYNARDVILLE, TN 37807**

I HEREBY REQUEST AND AUTHORIZE MUD TO CHARGE MY ACCOUNT DEBITS, PROVIDED THERE ARE SUFFICIENT AND COLLECTED FUNDS IN SAID ACCOUNT TO PAY UPON PRESENTATION. THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING AND UNTIL YOU ACTUALLY RECEIVE SUCH NOTICE. I AGREE THAT YOUR HANDLING OF EACH DEBIT AND YOUR RIGHTS IN RESPECT TO IT SHALL BE THE SAME, AS IF IT WERE PERSONALLY SIGNED BY ME. I FURTHER AGREE THAT IF ANY SUCH DEBIT BE DISHONORED FOR ANY REASON, MUD CAN REFUSE TO ISSUE ANY FUTURE DEBITS. I ALSO AUTHORIZE MUD TO CORRECT ANY AND ALL ACCOUNTING ERRORS IN BILLING TO MY ACCOUNT. I ALSO UNDERSTAND THAT IF ANY CORRECTIONS ARE TO BE MADE I WILL BE NOTIFIED IN WRITING BY MUD.

INFORMATION ON ACCOUNT TO BE DRAFTED:

ACCOUNT HOLDER NAME (MUST BE ACCOUNT HOLDER ON FILE WITH MUD)	
BANK NAME	
BANK ADDRESS	
BANK ABA#	
ACCOUNT # TO DRAFT	
MUD CUSTOMER ACCOUNT #	
ACCOUNT TYPE	
DAY OF MONTH TO DRAFT	10 TH OF EACH MONTH or Next Business day following the 10 th
FREQUENCY OF DRAFT	1 TIME MONTHLY
DRAFT BEGINNING DATE	
AMOUNT TO DRAFT	VARIES MONTHLY BASED ON MUD BILLING

SIGNATURE OF DRAFTEE _____

DATE _____

*****A VOIDED CHECK MUST BE ATTACH ***** REQUEST WILL NOT BE PROCESSED WITHOUT VOIDED CHECK ATTACHED *****