

*FIRST UTILITY  
DISTRICT OF  
HAWKINS  
COUNTY*

**Direct Payment Plan  
Authorization Form**

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**Please use this authorization form if debit amount is variable and a monthly statement is always sent.**

All you need to do is:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.
4. Any changes that need to be made pertaining to your banking information must be made by the **1<sup>st</sup> of each month** to allow time for those changes to be processed for the current billing cycle.

**NOTE: Be sure to sign the form!**

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize the First Utility District of Hawkins County to initiate electronic debit entries to my:  checking account or  savings account for payment of my water and/or sewer bill. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. The payment will be debited out of your account on the 7<sup>th</sup> of every month.

Date \_\_\_\_\_

Phone #: \_\_\_\_\_

Water Account #: \_\_\_\_\_

Financial Institution Name (Please Print) \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Financial Institution Routing/Transit Number \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS**

**Staple Voided Check Here**

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