

CASTALIAN SPRINGS-BETHPAGE
WATER UTILITY DISTRICT

1010 Hinton Road

Bethpage TN 37022

Phone: 615-841-3724 Fax: 615-841-3794

Email: csbwud@nctc.com

ACH AUTHORIZATION FORM

Please complete the electronic CREDIT/DEBIT authorization information below:

I (we) hereby authorize Castalian Springs-Bethpage Water Utility District (CSBWUD), to initiate entries to my (our) Checking/Savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transaction credited/debited in error. The authority will remain in effect until CSBWUD is notified by me (us) in writing to cancel it in such time as to afford CSBWUD reasonable opportunity to act on it.

NOTE: If payment date falls on a nonbanking day, the transaction will be deducted from your account on the next available banking day.

Financial Institution: _____

Address of financial institution: _____

Signature: _____ Date: _____

Name (please print) _____

Address (please print) _____

Start date: _____ reoccurring amount equal to monthly utility bill

Financial Institution Routing No.: _____

Checking/Saving Account No.: _____

Office Use Only Customer #: _____ Load Date: _____
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