



PO Box 350, Trenton, TN 38382
 Fax# 731-855-1454

BANK DRAFT AUTHORIZATION

PLEASE INCLUDE A VOIDED CHECK

I (we) hereby authorize Gibson County Utility District, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

FINANCIAL INSTITUTION _____

ROUTING # _____ ACCOUNT# _____

CHECK ONE: _____ CHECKING _____ SAVINGS

CHECK ONE: _____ RESIDENTIAL _____ COMMERCIAL

CHECK ONE: _____ ADD _____ REMOVE _____ CHANGE

DATE TO START BANK DRAFT _____
 date must be three business days prior to your bill due date

For recurring debit on the date of the debit falls on a non-banking day, the debit will hit your account on the next business day and will not hit your account prior to the authorized date (bill due date).

For varying amounts the company must send, based on the *NACHA Operations Rules*, written notification of the amount and the date on or after the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules state that the Originator must sent the Receiver notification of new date at least seven calendar days in advance of the debit.*

This authority is to remain in full force and effective until COMPANY has received written notification from me/us of it termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PRINT NAME: _____ GCUD ACCOUNT# _____

SIGNATURE: _____ DATE: _____

This authorization is to remain in effect until verbal or written notification is made to Gibson County Utility District office.

FOR OFFICE USE ONLY:	Circle if flex customer: F
UMS Date: _____	Special Note: _____
Initial: _____	_____