

City of Gatlinburg Direct Payment (ACH Debit) Authorization Form

____NEW ____CHANGE ____CANCEL

I(we), have read, **understand** and agree to the Direct Payment Plan as outlined in *the* Plan Description. I(we) hereby authorize the City of Gatlinburg **and** the financial institution designated below, to deduct directly from my(our) account(s), the amounts necessary to **make** automatic payments for Utility Services provided by the City of Gatlinburg. I **understand** that if any account number(s) listed on **this** Form changes, this authorization will remain in effect for the new account number(s).

Utility Account Information:

Customer Name (as it appears on the account)

Utility Account Number(s)

Financial Institution Information: Attach voided check (checking account deposit slips are not acceptable).

Printed or Typed Name(s) exactly as it/they appear(s) on your Bank Statement

Bank Name and Address

Bank Account Number

Checking _____ Savings _____

Bank Transit Routing Number - located on bottom left of **check** between the symbols ' '

This form cannot be processed without your signature(s):

Signature(s) of Bank Account Holder(s)

Date