AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT*Holly Springs Utility Department

*(EFT, ACH, DRAFT)

Check appropriate box:

$\ \square$ I (we) hereby authorize Holly Sp	orings Utility Departmen	t to initiate debit en	tries to my (our)
() checking () savings account (selec	_	• •	
named below, hereinafter called DEPO	OSITORY, and to debit t	he same to such ac	count.*
☐ I (we) hereby request that Holly	Springs Utility Departm	ent discontinue del	oit entries to my (our)
() checking () savings account (selec			
named below, hereinafter called DEPO	OSITORY.		
Financial Institution Name:			
Branch:			
City:	State:	ZIP:	
Email Address:			
Nine Digit Routing Number:			
Account Number:			
This authorization is to remain in full received written notification from me manner as to afford Holly Springs Util act on it.	(or either of us) of its t	ermination in such	time and in such
Name on Utility Bill:			
Utility Bill Account Number:			
Utility Bill Account Number:			
Utility Bill Account Number:			
Authorized Signature:		Date:	
Authorized Signature:		Date:	
NOTE All to lite of the		, ,	.1 .1

NOTE: All written debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

*PLEASE ATTACH A VOIDED CHECK TO INSURE PROPER DEBITING OF YOUR ACCOUNT