

P.O. Box 157
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Chapel Hill, TN 37034



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AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)
TOWN OF CHAPEL HILL WATER DEPARTMENT

CUSTOMER NAME: _____ **PHONE:** _____

SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____

I (we) authorize Town of Chapel Hill to electronically initiate debit entries to my (our) account indicated at the financial institution named below, and, if necessary, electronically credit my (our) account to correct erroneous debits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

FINANCIAL INSTITUTION: _____

☐ Checking Account / ☐ Savings Account (select one)

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

☐ In the amount of \$_____, or

☐ Billed Amount (I will receive a bill a minimum of 10 calendar days before due date)

Date and Frequency: On or about the 15th of each month

This authorization is to remain in full force and effect until I (we) notify Town of Chapel Hill in writing, or by phone, that I (we) wish to revoke this authorization. I (we) understand that Town of Chapel Hill requires a 30-day prior notice in order to cancel this authorization.

☐ Commercial / ☐ Residential (select one)

Signature(s): _____ **Date:** _____