



P.O. Box 744  
153 West Main St.  
Eddyville, KY 42038

Phone: (270) 388-2226

Fax: (270) 388-5683

I hereby authorize the City of Eddyville Water Department to initiate debit entries to my (our) \_\_\_\_\_ checking \_\_\_\_\_ savings account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same from such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I understand that the amount debited may change from month to month based on water usage and I will be notified on the first of each month what the amount of my bill will be for that month. I further agree and understand that this amount will be debited from my checking or savings account on the 15<sup>th</sup> day of each month. If the 15<sup>th</sup> day of the month falls on a weekend, the transaction will occur on the next business day (Monday). If I feel there is any discrepancy in the billing amount, I must contact the Eddyville City Hall at (270) 388-2226 as soon as the billing statement is received so that a determination can be made as to the accuracy of the reading.

I agree that I must maintain sufficient funds in the account to cover the transfer, or a return check fee of \$35.00 will be assessed on my next monthly water bill and the debit service will be terminated without further notice. If the balance on my account remains unpaid after the end of the month, the water service will be subject to disconnection.

I hereby authorize the City of Eddyville to make the deduction from my account with the following financial institution:

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

**ATTACH A BLANK CHECK AND MARK VOID ACROSS IT**

This authority is to remain in full force and effect until City of Eddyville has received written notification from me (or either one of us) of its termination in such time and in such manner as to afford City of Eddyville and financial institution a reasonable opportunity to act on it.

Name(s) on Account \_\_\_\_\_

Account Number for water bill \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date