

# PARIS-HENRY COUNTY PUBLIC UTILITY DISTRICT

## Authorization Agreement – ACH Debit Authorization

Direct Payment via **ACH** is the transfer of funds from a consumer / business account for the purpose of making a payment.

I (we) \_\_\_\_\_ hereby authorize **Paris-Henry County Public Utility District (PHCPUD)**, hereinafter called COMPANY, to electronically debit my (our) account indicated below and the financial institution names below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of the ACH transaction to my (our) account must comply with the provisions of U.S. law.

### Primary Account:

\_\_\_\_\_  
Financial Institution Name PHCPUD Acct Number

\_\_\_\_\_  
Address City / State Zip

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

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Date(s) and/or frequency of debit(s):  X  Monthly (normal billing cycle)  
Amount to withdrawal:  X  (equal to account balance)

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date which in no sooner than two days before your PHCPUD due date.

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

\_\_\_\_\_  
Print Name or Business

\_\_\_\_\_  
Signature / Title

\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM**