## **DEBIT AUTHORIZATION**

I(we) authorize <u>MONTEAGLE PUBLIC UTILITY BOARD</u>, hereinafter called COMPANY, to initiate debit entries to my(our) account indicated below and the financial named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I(we) acknowledge that the origination of ACH transactions to my(our) account must comply with the provisions of U.S. law.

(Financial Institution)		(Branch)	
		(a) (a) (b)	
(Address)		(City/State)	(Zip)
(Routing Number)		(Account Number)	
Type of Acct:	(Checking)	(Savings)	
·	er of us) of its termin	d effect until COMPANY has received ation in such time and manner as to unity to act on it.	
(Print Individual Name)		 (Signature)	(Date)

## PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM AND MAIL TO:

Monteagle Public Utility Board PO Box 127 Monteagle, TN 37356