

# Sneedville Utility District

## AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize Sneedville Utility District to initiate debit entries to my/our Sneedville Utility District deposit account and credit an account at the DEPOSITORY (identified below), for the purpose of accomplishing the following preauthorized payments:

Exact Amount: \$ Varies debited from \_\_\_\_\_ Acct#: \_\_\_\_\_

Payment Frequency: Monthly SUD Account #: \_\_\_\_\_

Optional: Effective Date \_\_\_\_\_

Check one:  New Authorization  Change to Previous Authorization

Receiving Receiving  
DEPOSITORY Inst: Thread Bank Acct Holder Name: Sneedville Utility District

CITY: Sneedville STATE: TN ZIP: 37869

ROUTING NO.: \_\_\_\_\_ (Attach Voided check/draft/deposit slip)

ACCOUNT NO.: \_\_\_\_\_ Account Type:  CHK  SAV

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until the termination date stated above or until Sneedville Utility District has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Thread Bank and the DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Print or Type): \_\_\_\_\_ PHONE: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature) (date) (Signature) (date)

Termination Date: \_\_\_\_\_ Signature of Termination \_\_\_\_\_