

Electronic Bank Draft Utility Payment Form

Customer Service Department – PO Box 998, Cookeville, TN 38503
(931) 526-9591 (931) 526-8136

Please read this form very carefully before signing.

I (we) hereby authorize City of Cookeville Customer Service Department, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution 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.

I authorize the City of Cookeville Customer Service Department below to:

_____ **Add** my utility account to electronic bank draft status

_____ **Remove** my utility account from electronic bank draft status

_____ **Change** banks and/or bank accounts for my electronic bank drafts

- ***Remember, if you have more than one utility account you must list all utility accounts that you wish to add, remove or change information on regarding electronic payments.***

I agree to the following provisions of Electronic Payment Processing:

1. I understand that **no changes** will be made to my utility account regarding electronic bank drafts unless a copy of this form is **completely filled out for every status change.**
2. **Changes regarding financial institutions or bank accounts will not be made to my account unless I fill out another copy of this form.** If I close out my bank account **BEFORE** notifying the City of Cookeville and I have an electronic payment already scheduled to be drafted from my utility account, **I will be responsible for any resulting returned check charges.**
3. **I am responsible for any collection charges** due if an electronic payment is returned as uncollected for any reason (for example: non-sufficient funds, closed bank account, incorrect account number). The City of Cookeville will process all returned items in accordance with its policies for all past due utility bills. The City of Cookeville reserves the right to represent any returned electronic payment.
4. I will provide the City of Cookeville, with a **voided check, with correct imprinted routing and bank account numbers** along with this form before I can be added to electronic bank draft status.

This authority is to remain in full force and effect until Company has received a new form removing the account from automatic bank draft at least 5 business days before the next draft date.

Amount (or how amount is determined): **MONTHLY BILL AMOUNT** Frequency: **MONTHLY**

Start Date: _____ Date of Debit(s): _____

If the debit is recurring and the date of 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.

Financial Institution Name

Customer Name / Phone Number (**PRINT**)

Financial Account Number

Customer Utility Service Address

Financial Routing Number

*Customer Utility Account Number

*Additional accounts may be listed on the back

Customer Signature / Date

Customer Service Clerk / Date