



301 McHENRY CIRCLE  
LIVINGSTON, TENNESSEE 38570  
PHONE: 931-823-1289  
FAX: 931-823-7362

**DEBIT AUTHORIZATION**

I (we) hereby authorize the Town of Livingston, 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 for water and/or gas bills. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
Financial Institution

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

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

Amount (or how amount is determined): Varies  
Frequency: Monthly  
Date of Debit: 20<sup>th</sup> of every month (or banking day)

(Note: For varying amounts, the Company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten (10) calendar days in advance of the debit. If the date varies, the *NACHA Operating Rules* state that the Originator must send the Receiver notification of the new date at least seven (7) days in advance of the debt.)

This authority is to remain in full force and effect until the Company has received written notification from me (or either or us) or describe your process for revocation of the authorization of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Printed Individual Name

\_\_\_\_\_  
Signature Date

Town of Livingston Account Number: \_\_\_\_\_