



Authorization Agreement for Bank Draft Payments

CCU Customer Name \_\_\_\_\_

CCU Customer Account # \_\_\_\_\_

Customer Phone/ Cell Number \_\_\_\_\_

I, (we) hereby authorize Clarksville Connected Utility Company, hereinafter called Company, to initiate debit entries to my (our) checking account indicated below, and the depository named below, hereinafter called Depository, to debit such account.

Depository/Bank Name \_\_\_\_\_

Depository/Bank City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

This authority is to remain in full force and effect until Company and Depository have a reasonable opportunity to act on it.

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

**MUST ATTACH A VOIDED CHECK WITH THIS FORM**

**\*\*ALL BANK DRAFTS WILL POST APPROXIMATELY 3 DAYS**

**PRIOR TO YOUR BILL DUE DATE\*\***