

POPLAR GROVE UTILITY DISTRICT

ADDRESS:
14560 Highway 51 S.
Atoka, TN 38004

MAILING ADDRESS:
P.O. Box 129
Tipton, TN 38071

Customer Acct.# _____

Date Rec'd In Office _____

Credit and/or Debit Authorization Form

I/we hereby authorize Poplar Grove Utility District (The Company) to initiate entries to my checking/savings accounts at the financial institution listed below (The Financial Institution), and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until THE COMPANY is notified by me/us in writing to cancel in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution-Branch, City, State & Zip

Signature Date Phone

Customer Name - Please Print

Customer Address - Please Print

Checking / Savings Account #

Financial Institution Routing Number
(Look between these symbols I . . :I on the bottom of your check)

*Please have application in our office no later than the last business day of the month. Your bank draft will begin the following month.

*Please attach a copy of a voided check to the application. Applications without a voided check attached will not be processed.

*At any time you wish to stop the Bank Draft Program, our office must be notified no later than the last business day of the month.

Date Draft to begin Date Draft To End

Remarks