

POPLAR GROVE UTILITY DISTRICT

ADDRESS:  
14560 Highway 51 S.  
Atoka, TN 38004

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

\_\_\_\_\_ I choose **NOT** to provide Poplar Grove Utility District with my banking information with the understanding my Bank Account will NOT be drafted.

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

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 note that if your ACH draft is dishonored and Returned unpaid, your automated Bank Draft will be suspended for the applicable bill, as well as the next month's bill, and you must pay by other means. Your Bank Draft will be reinstated in two (2) months.
- \* 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 \_\_\_\_\_

\*\* This Institution is equal opportunity provider\*\*