

AGREEMENT FOR PRE-AUTHORIZED PAYMENT
HALLSDALE-POWELL UTILITY DISTRICT
P. O. BOX 5199
KNOXVILLE, TN 37928-0199

The undersigned customer(s) (collectively the "Customer") hereby authorizes HALLSDALE-POWELL UTILITY DISTRICT ("HPUD") to initiate debit entries to Customer's bank account indicated below, and further authorizes the bank named below, to debit the same to such account.

CUSTOMER'S DEPOSITORY BANK NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in effect until Customer notifies HPUD that Customer wishes to end this agreement and HPUD has had reasonable time to act on such notice; or until HPUD has sent Customer written notice at least 10 days in advance that it will end this agreement.

Customer understands and agrees to the following:

- HPUD will continue to send a monthly bill.
- It is Customer's responsibility to notify HPUD, prior to the due date of the bill, if Customer disputes the billed amount or if Customer experiences a leak during the billing period in question.
- In the event Customer's account has insufficient funds to cover the monthly payment amount drafted, or Customer's monthly debit rejects due to account-closed status, bank ownership changes, or account changes; a \$30.00 fee will be charged to Customer's HPUD utility account. (Fees may be subject to change.)
- Customer must notify HPUD, 15 days prior to a scheduled debit, of any changes made to Customer's designated depository account, including but not limited to, closed-account status, bank ownership changes, or account changes.
- If there are more than two (2) reject occurrences within a 12-month period, Customer's account will be removed from the HPUD pre-authorized payment program.
- **FINAL BILLS WILL NOT BE DRAFTED FROM BANK ACCOUNTS. FINAL BALANCE DUE MUST BE REMITTED TO HPUD BY CASH, CHECK, OR CREDIT CARD.**

CUSTOMER NAME(S): _____
(PLEASE PRINT)

PROPERTY ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: (HOME) _____ (WORK) _____ (OTHER) _____

HPUD CUSTOMER NUMBER: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

ATTACH VOIDED CHECK
(REQUEST WILL NOT BE PROCESSED WITHOUT CHECK ATTACHED)