



## DEBIT AUTHORIZATION

I (we) hereby authorize the City of Pikeville, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY / STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

Type of Account: : CHECKING  SAVINGS

This authority is to remain in full force and effect until COMPANY has received written notification from me (or us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
PRINT INDIVIDUAL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
UTILITY STREET ADDRESS

\_\_\_\_\_  
PRINT INDIVIDUAL UTILITY ACCOUNT NUMBER

\_\_\_\_\_  
DATE

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

*Print Form*

*Download Form  
Email to:  
PikevilleUtility@Bledsoe.net*