



***Bank Draft Authorization***

**Preauthorization Form**

I (we) hereby authorize Roane Central Utility District to initiate debit entries to such account by funds transfer for payment of my monthly and/or utility bill.

This authority is to remain in full effect until I notify Roane Central Utility District that I wish to end this agreement and Roane Central Utility District has had reasonable time to act on it; or Roane Central Utility District has sent me 10 days written notice that they will end this agreement.

I understand that Roane Central Utility District will continue to send me a bill and there will be a minimum of 10 days after the billing date to notify Roane Central Utility District of any error on the bill.

I further understand that in the event my account has insufficient funds to cover the monthly payment amount after drafted, or my monthly draft rejects due to account closed status, bank ownership changes or account changes a fee equal to the maximum allowed by Tennessee law will be assessed and debited from my account in addition to the monthly payment due. It is my duty to notify Roane Central Utility District 10 days prior to a scheduled debit of any changes made to my designated depository account, including but not limited to closed status, bank ownership changes and account changes.

I attest I am an authorized owner of the Depository account listed below, and am exercising my powers as such.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Depository Account # to be drafted

\_\_\_\_\_  
Name of Bank

**YOU MUST ATTACH A VOIDED CHECK**

RCUD account # \_\_\_\_\_ Phone # \_\_\_\_\_

RCUD account name \_\_\_\_\_

Address \_\_\_\_\_

Date: \_\_\_\_\_ RCUD Representative \_\_\_\_\_

Date entered into account by RCUD: \_\_\_\_\_