



# PCUD Bank Draft Authorization

(PLEASE PRINT)

Name as shown on Bank Records \_\_\_\_\_

Savings    Checking   Bank Acct # \_\_\_\_\_   Route # \_\_\_\_\_  
Bank Account Info. (Please Check One)

Name of Bank and Branch, if any \_\_\_\_\_

Name as shown on Powell-Clinch Utility Account \_\_\_\_\_

Powell-Clinch Utility Customer No. \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize and request that my bank pay any and all bills, invoices or statements that are issued to me from Powell-Clinch Utility District upon presentment for payment.

Depositor's Signature \_\_\_\_\_   Phone Number \_\_\_\_\_

It will not be necessary for Powell-Clinch Utility District or anyone employed by it to sign such drafts or checks, and I agree that your rights in respect to each such draft or check shall be the same as if issued and signed personally by me. I further agree that you shall be under no obligation to furnish me with any special advice or notice in writing, or otherwise, of the presentment or payment of any such draft or check or the charging of the same to my account other than my utility bill.

If adequate funds are not available on three occasions, you will be discontinued from the automatic payment program.

This authorization is to remain in effect until revoked by me in writing. And until Powell-Clinch Utility District actually receives such notice, I agree that you shall be fully protected in honoring any such draft check.

Powell-Clinch Utility District is instructed to forward this authorization to you.

**NOTICE TO BANK:** If the information on this card does not agree with your records or if this arrangement is unsatisfactory, please call the Powell-Clinch Utility District Office at (865) 426-2822 or (423) 562-2795.

**\*\*PLEASE INCLUDE A VOIDED CHECK OR BANK  
AUTHORIZATION FORM COMPLETED BY YOUR BANK\*\***

**Please Return Form To:   Powell Clinch Utility District  
Post Office Box 428  
Lake City, TN 37769**

LDG 3/18/08