

CITY OF GATLINBURG UTILITY DEPARTMENT

P.O. BOX 5
GATLINBURG, TENNESSEE 37738
865-436-1407

Direct Payment (ACH Debit) Plan

Plan Description and Authorization Form

What is it? The Direct Payment Plan is a free service provided by the City of Gatlinburg. The Plan allows participating customers to pay their monthly Utility Bill directly from their designated financial institution checking or savings account. The Plan saves time (fewer checks to write) and postage. The Plan eliminates charges for late payments resulting from checks lost or delayed in the mail. The Plan is convenient for those times when you are on vacation or out of town.

How does it work? Each month you will receive your City of Gatlinburg Utility Bill detailing your current utility charges, previous balance, payments and credits. Your bill will indicate the amount that will be deducted from your designated checking/savings account. The direct payment (ACH Debit) will be deducted on the due date (or the first business day following the due date). Your monthly bank statement is your proof of payment and will show the amount and date of your direct payment/ACH debit. If you have a question regarding your direct payment, or the amount differs from your bill, you must notify the City of Gatlinburg and your financial institution within sixty (60) days of the statement date.

What are the terms? You must authorize the Direct Payment Plan by returning to us a signed Direct Payment Authorization Form. The amount of the Direct Payment may vary each month and will be stated on your monthly Utility Bill as the "Total Now Due." Direct Payment will continue as long as your account remains in good standing or until you request a change. Only one attempt to transfer funds will be made per month. An account with a payment rejected by your financial institution because of availability of funds will incur a \$20.00 Service Charge and late penalty. The City of Gatlinburg will have no liability whatsoever if such payment rejection results in the disconnection of your water service. Direct Payment participation may be cancelled by the City of Gatlinburg on any account for which direct payment is rejected more than once within a 12-month period. If the City of Gatlinburg finds it necessary to terminate this agreement, written notice will be sent to the Customer.

How do I sign up? Complete and sign the Direct Payment Authorization Form on the reverse side and return it to the address at the top of this form **together with a voided check from your checking account or a deposit slip for your savings account.** Continue to pay by check until you see the words "Bank Draft - Do Not Pay" printed on your bill. This Authorization will remain in effect until the City of Gatlinburg has received written notification of its termination in such time and manner as to afford the City of Gatlinburg a reasonable opportunity to act on it.

City of Gatlinburg Direct Payment (ACH Debit) Authorization Form

____NEW ____CHANGE ____CANCEL

I (we) hereby authorize the **City of Gatlinburg**, hereinafter called COMPANY, to initiate credit/debit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution name below, hereafter called DEPOSITORY, and to credit/debit the same to such account for the payment of Utility Services provided by the City of Gatlinburg. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I understand that if any account number(s) listed on this Form changes, this authorization will remain in effect for the new account number(s). This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Utility Account Information:

Customer Name (as it appears on the account)

Utility Account Number(s)

_____	_____
_____	_____
_____	_____

Financial Institution Information: Attach voided check (no copies allowed) or savings deposit slip.

Printed or Typed Name(s) exactly as it/they appear(s) on your Bank Statement

Bank Name and Address

_____ Checking _____ Savings _____
Bank Account Number

Bank Transit Routing Number - located on bottom
left of check between the symbols |: |:

Starting Date: _____ Frequency of Debit: Monthly as Due

Amount of Debit: Billing Amount

This form cannot be processed without your signature(s):

Signature(s) of Bank Account Holder(s) _____
Date