

**Town of Cumberland Gap  
P.O Box 78  
Cumberland Gap TN 37724  
423-869-3860**

**Bank Draft Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your bank account.

**Please complete the information below:**

I \_\_\_\_\_ (full name- please print) authorize the Town of Cumberland Gap to charge my bank account for payment on the monthly charges incurred on my Town of Cumberland Gap utility account.

Draft Date: 20<sup>th</sup> of every month (bill due date)

Name on utility account \_\_\_\_\_

Service Address \_\_\_\_\_

(for multiple service address, list each one separately)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Bank Routing #	_____
Account Number	_____
Bank City/State	_____

Routing Number      Account Number  
22222222      000 555 1027

\*\*\*\*I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Town of Cumberland Gap in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Town of Cumberland Gap may at its discretion attempt to process the charge again within 30 days, and agree to an additional twenty-five dollar (\$25.00) charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_