



TOWN OF DOBSON

AN EQUAL OPPORTUNITY UTILITY PROVIDER

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT (ACH DEBITS)

Town of Dobson
PO Box 351
307 N Main St
Dobson, NC 27017

First Horizon Bank
255 E Independence Blvd
Mount Airy, NC 27030

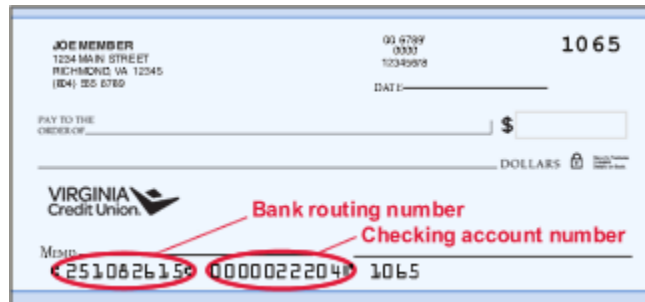
I do hereby authorize the above listed institutions to initiate charges and debit from the checking account specified below. The Town will send written notices of the amount to be transferred in the form of a water bill at least ten calendar days prior to the date of transfer. Transfers will be initiated no sooner than the 18th of each month.

Depository/Bank Name _____

City _____ State _____ Zip Code _____

Bank Transit/Routing # _____ Account # _____

****We require a voided check or direct deposit form from your bank included with this form in order to complete the draft set-up process.***



This authority is to remain in effect until the depository has received written notice of termination and has been provided a reasonable opportunity to act. The depository customer has the right to stop payment of debit entry by notifying the depository prior to charging the account. If the organization initiates an incorrect debit entry to the customer's account, the customer shall have the right to ask the depository to credit the amount from that entry to the account. To obtain proper credit to the account the customer shall have fulfilled the following conditions: Notify the depository in writing of the incorrect entry within fifteen calendar days following the date the customer received the statement of the account or a written notification of that entry within sixty calendar days after posting, whichever comes first.

Customer's Printed Name _____ Date _____

Customer's Signature _____