



AUTHORIZATION AGREEMENT FOR RECURRING MONTHLY PAYMENTS FOR CREDIT AND/OR DEBIT CARDS MASTERCARD & VISA

I (we) hereby authorize West Knox Utility District to initiate debit entries to such credit/debit account by funds transfer for payment of my monthly utility bill. This transaction will be recurring every thirty (30) days, which may or may not fall exactly on the due date of the billing. This authorization is to remain in effect until I notify West Knox Utility District that I wish to end this agreement and West Knox Utility District has had reasonable time to act on it; or until West Knox Utility District has sent me written notice that they will end this agreement. I understand that West Knox Utility District will continue to send me a monthly statement and I must notify West Knox Utility District a minimum of five (5) days prior to the draft date with any discrepancies. I further understand that in the event my account has insufficient funds or my monthly draft is rejected due to a closed account, West Knox Utility District will assess an amount equal to the maximum set forth by the TCA when collecting the funds. **It is my responsibility to notify West Knox Utility District fifteen (15) days prior to a scheduled debit of any changes made to my designated credit/debit card account, including but not limited to closed status, bank ownership changes, account changes and changes in the expiration date of the card.** Furthermore, I attest I am an authorized owner of the credit/debit card account listed below, and am exercising my powers as such.

Name as it appears on card: _____
PRINT NAME

Account number on card: _____

Expiration date: _____ Card Verification Number: _____
(Last three digits on the back of the card)

West Knox Utility District Account Number _____

Phone Number: _____

Authorized Signature

Date