

RICEVILLE UTILITY DISTRICT
3802 Hwy 11S – P.O. BOX 3027 – RICEVILLE, TN 37370
423/462-2701

We are pleased to offer you a new service—the Direct Payment Plan. Now you can have your payment made automatically from your checking or savings account. And you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time—fewer checks to write
- Helps meet your commitment in a convenient and timely manner—even if you're on vacation or out of town.
- No lost or misplaced statements, your payments is always on time—it helps maintain good credit
- It saves postage

- It's easy to sign up for, easy to cancel no late charges

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear with your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes we will notify you at least 10 days before payment date.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

AUTHORIZATION FOR DIRECT PAYMENT

I Authorize RICEVILLE UTILITY DISTRICT TO AUTO DRAFT ON _____.
(DATE)

To initiate entries to my checking/savings account. This authority will remain in effect until I **notify you in writing to cancel** it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial Institution 3 days before my account is charged.

Date taken out of account 7th **Initial payment amount \$** as billed , **Regular payment date \$** 15th .

Account Number. _____
(Riceville Utility Districts)

Phone Number. _____ BEGIN DRAFT DATE: _____

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(SIGNATURE)

(NAME - PLEASE PRINT)

(ADDRESS - PLEASE PRINT)

Account No. _____ Checking _____ or Savings _____

Financial Institution Routing Number _____
(Between these symbols | : | on the bottom left of your check)

Account Type: Commercial _____ Individual _____

Optional: max draft amount _____ (customer is responsible amount not drafted.)

PLEASE ATTACH VOIDED CHECK