

Last Name on Account For file purpose only _____

Frequency of debits:

Wherever there is an "X" please ensure you have made an appropriate entry. The form will not be processed unless completed.

Check one Email bill and notices _____ Email address _____

Mail bill and notices _____

Billing cycle	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Half Year
<input type="checkbox"/>	Year
<input checked="" type="checkbox"/>	Check one

Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from an account for the purpose of making a payment.

Check one: ___ Begin Payment ___ Change Information

I (we) authorize **Etowah Lions Services, Inc** to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

___ Checking Account / ___ Savings Account (**select one**) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository name: _____ Routing number: _____

Checking/Savings Account number: _____

Name(s) on the account: _____

Debit transaction frequency:

- Single Entry (one-time payment) (Not offered)
- Multiple Entries (multiple entries that may not occur at substantially regular intervals) (Not Offered)
- How will subsequent Entries be allowed?
 - Telephone
 - Internet
 - Other: _____

Service Address

Recurring Entries (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

Date of debit (if Single Entry) or date of first debit: **X** _____

Authorized debit amount (or method for determining amount): **Current Rate**. I (we) understand that this authorization will remain in full force and effect until I (we) notify Etowah Lions Services, Inc in writing, by phone, email or in person at PO Box 234, 28 Ridgeway Ave, Etowah, NC 28729. that I (we) wish to revoke this authorization. I (we) understand that Etowah Lions Services, Inc requires at least five days prior notice in order to cancel this authorization.

Name(s): **X** _____ (Please Print)

Name(s): **X** _____ (Please Print)

Date: **X** _____ Signature(s): **X** _____

Date: **X** _____ Signature(s): **X** _____

Etowah Lions Services, Inc will draft your account for the amount due on the 10th of the billing cycle you have chosen. Please allow 24 to 48 hours for it to show up in your account. Please ensure that funds are available for the draft. If it should fail to process for no funds or closed account there will be a \$25.00 returned fee added to your account. The amount due will be your original balance plus \$25.00 NSF. It will not be waived.

Please initial that you understand the NSF policy **X** _____

Internal Use Only	
Date Received	_____
Account Number	_____
In Easy Bill & Route	_____
Rate Screen ACH Message	_____
Notify Client Receipt of Info	_____
<u>Group assigned</u>	
23 / 24 Monthly,	21 / 22 Quarterly
Mail Grp:	1 4 5 6
Email Grp:	25 26
Initials of person entering data	_____
Keep on file until no longer needed.	