

**CITY OF DAYTON  
ELECTRIC & WATER DEPARTMENT  
UTILITY ACCOUNTS BILLING OFFICE**

PO BOX 226, 400 MAIN STREET DAYTON, TENNESSEE 37321  
(423) 775-1817 FAX: (423) 775-8435 EMAIL: utilities@daytontn.net

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**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)**

I authorize the **City of Dayton Utilities** and the financial institution named below to initiate debit entries to my checking/savings, and, if necessary initiate adjustments for any transactions debited in error. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution 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. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever occurs first.

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(Name of Financial Institution)

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(Address of Financial Institution)      (Street)                      (City)                      (State)                      (Zip)

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(Signature)

(Date)

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(Name – Please Print)

(Phone Number)

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(Address – Please Print)

Checking Account No. \_\_\_\_\_ (and/or) Savings Account No. \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_  
(between these symbols :                      : on the bottom of your check)

Note: In the case of revoked authorization, all written authorizations must be revoked only by notifying the originator in writing no later than 15 days before the next transaction effective date.

**CUSTOMER ACCOUNTS**

_____	_____	_____
_____	_____	_____
_____	_____	_____

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For office use only:      Date Completed: \_\_\_\_\_      Initials: \_\_\_\_\_