



TOWN OF ATOKA
334 Atoka-Munford Avenue
Atoka, Tennessee 38004
Phone: (901) 837-5300
www.townofatoka.com

DIRECT PAYMENT (ACH) AUTHORIZATION FORM

The Town of Atoka is pleased to offer you a new service – the Direct Payment Plan. Now you can have your Atoka utility payment deducted automatically from your existing checking or savings account each month. No more stamps, checks or late fees as your payment is automatically deducted from your account each month.

The Direct Payment Plan makes life easier in several ways:

- Pay your bill in a convenient and timely manner- even if you're on vacation or out of town.
- No late fees since your payment is always on-time and it's easy to sign up for, easy to cancel.

Here's how it 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 and proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. You will receive a monthly bill – either through the mail or electronically – with your bill amount and on the fifth (5th) day of each month, that amount will be automatically deducted from your account.

Here's how to sign up:

1. Complete the below form.
2. Attach a voided check or deposit slip for verification of all financial institution information.
3. Sign the form and return to the Atoka Utility Billing office.

Atoka Utility Account Number: _____ - _____ - _____
LCG Bank Code: _____ Effective Date: _____

OFFICE USE ONLY

I hereby authorize the Town of Atoka to initiate electronic debit entries to my (check one):

Checking Account or Savings Account **(ATTACH VOIDED CHECK)**

For payment of my Town of Atoka utility bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I further understand that I may be charged fees by the Town for transactions declined by my financial institution. This authority will remain in effect until I have cancelled it in writing with a thirty (30) day notice.

Date: _____ Name: _____ Telephone Number: _____
Account Number: _____ Routing Number: _____
Financial Institution (please print) _____
Financial Institution City and State _____
Signature _____