

**TOWN OF TRYON
DIRECT DEBIT OF WATER CHARGES**

Direct debit is a service in which your monthly water bills are withdrawn electronically from the financial institution of your choice. The funds will be debited from your account on the 30th of the month. Your charges will be automatically credited to your water account at Town of Tryon. We will continue to provide you with information on the amount of your water charges with a water bill. In addition, you will see the debit amount and date reflected on your next bank statement.

To receive this service, you will need to sign the attached authorization agreement to allow our office to automatically debit your personal checking or savings account for your monthly water charges. Our office will transmit your debit information to the Town of Tryon bank for processing. The information will then be transmitted to your bank or savings institution for withdrawal from your account. Because virtually all financial institutions participate in the direct debit program, there should be no need to alter your current banking arrangement.

PLEASE PROVIDE A VOIDED CHECK

Consider the following benefits:

- There is no need to waste time and money mailing a check.
- Payment information is strictly confidential.
- There is no cost for you to participate in the program.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Town of Tryon to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Bank _____

City _____ State _____ Zip _____

Routing Account
Number _____ Number _____

This authorization is to remain in full force and effect until the Town of Tryon has received written Notification from me of its termination in such time and in such manner as to afford the Town of Tryon and my Depository Financial Institution a reasonable opportunity to act on it.

Name(s) _____ Account # _____ Phone # _____

Date _____ Signature _____