

**SAVANNAH VALLEY UTILITY DISTRICT  
BANK AUTHORIZATION FORM**

I, the Customer, hereby request, authorize and agree that Savannah Valley Utility District (“Savannah”) shall cause payments owed by me to Savannah to be debited electronically from my account, as described below, without my personal written signature. If I fail to have adequate funds in my bank account at the time of draft, I understand that I will automatically be removed from this plan and the bill plus a service charge will be due immediately. I have the right to cancel my participation in the Bank Draft Plan by notifying Savannah and by giving Savannah and my banking institution a reasonable amount of time to process my request. Savannah and my banking institution reserve the right to end my participation in the Bank Draft Plan.

**ACCOUNT INFORMATION – PLEASE PRINT  
(To be completed by the Customer)**

\_\_\_\_\_  
Your Name as Shown on Your Bank Records

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Name on Savannah Valley Utility Account

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature(s) of other parties  
Signing on Account  
(if applicable)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Routing number

\_\_\_\_\_  
Customer Street Address

\_\_\_\_\_  
Account number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Savannah Valley Customer number

**IMPORTANT!  
PLEASE ATTACH VOIDED CHECK TO THIS FORM AND RETURN TO  
SAVANNAH VALLEY UTILITY DISTRICT  
P.O. Box 370  
GEORGETOWN, TN 37336  
(423) 344-8440  
ALLOW TWO WEEKS FOR PROCESSING**