

VILLAGE OF NEW KNOXVILLE
UTILITIES DIRECT PAYMENT AUTHORIZATION FORM

I (we) hereby authorize the VILLAGE OF NEW KNOXVILLE to initiate entries monthly for the full amount as shown on my utility statement from my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the VILLAGE OF NEW KNOXVILLE is notified by me (us) in writing to cancel it in such time as to afford the VILLAGE OF NEW KNOXVILLE and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

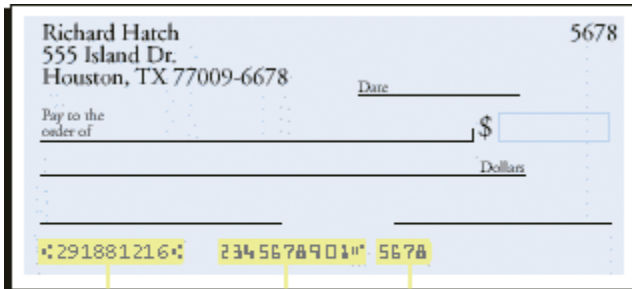
(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

Frequency: Monthly

Checking **OR** Savings **Account Number:** _____
(See example below)

Financial Institution Routing Number: _____
(See the example below)



Routing Number Your Account Number Your Check Number
Do not enter

(Signature)

(Date)