



www.jellicoutilities.com

DEBIT AUTHORIZATION

I (we) hereby authorize Jellico Utilities, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for application. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Financial Institution

Branch

Address:

City/State/Zip

Option 1:

Routing Number

Account Number

Type of Account: Checking

Savings

Please Attach Copy of Voided Check to This Form!!

Option 2

Card Number

Exp. Date

CVV Code

Billing Zip Code

Type of Card: Visa Mastercard American Express Discover

This authority is to remain in full force and effect until Company has received written notification for me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name

Signature

Date

Print or Type Individual ID Number