

**AUTHORIZATION AGREEMENT  
ACH PREAUTHORIZED PAYMENTS (DEBITS)**

I hereby authorize Maggie Valley Sanitary District to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking  Savings \_\_\_\_\_ account indicated below and the financial institution named below credit (or debit) the same to such account.

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<b>FINANCIAL INSTITUTION NAME</b>	<b>CITY</b>	<b>STATE</b>
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<b>TRANSIT/ROUTING NUMBER</b>	<b>ACCOUNT NUMBER</b>
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I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it a reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is an error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever comes first.

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<b>NAME (PRINT)</b>	<b>MVSD ACCOUNT #</b>
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<b>SIGNATURE</b>	<b>DATE</b>
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