

**FINANCIAL INSTITUTION CREDIT / DEBIT  
AUTHORIZATION FORM FOR  
THE CATOOSA UTILITY DISTRICT AUTHORITY**

I (we) hereby authorize **Catoosa Utility District Authority** (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution (THE FINANCIAL INSTITUTION) listed below, and if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such a manner as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

---

(Name of Financial Institution)

---

(Address of Financial Institution – Branch, City, State and Zip)

---

(Signature)

---

(Date)

---

(Name – PLEASE PRINT)

---

(Address – PLEASE PRINT)

---

(Your Phone Number)

Checking Number: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

(Look for these symbols |: and |: on the bottom left of your check)

Please attach a voided check.

---

Note to Customer:

If this bank draft sign up card is not received by Catoosa Utility District Authority by the 13<sup>th</sup> of the month, your bank draft will not begin until the month after next. Your account will be drafted on the fifth day of the month.

Catoosa Water Account Number: \_\_\_\_\_

Mail this form to:     Catoosa Utility District Authority  
                              P.O. Box 750  
                              Ringgold, GA 30736

Or Fax this form to: 706-937-6500 (include a copy of your voided check)