

CITY COUNCIL:  
BARBARA G. VOLK  
Mayor  
RON STEPHENS  
Mayor Pro Tem  
STEVE CARAKER  
JERRY A. SMITH,  
JR.  
JEFF MILLER

# CITY OF HENDERSONVILLE

*The City of Four Seasons*

**CUSTOMER SERVICE DIVISION**  
**PHONE: (828) 697-3052**  
**EMAIL: customerservice@hvlnc.gov**

OFFICERS:  
JOHN F. CONNET  
City Manager  
SAMUEL H.  
FRITSCHNER  
City Attorney  
TAMMIE K. DRAKE  
City Clerk

## AUTHORIZATION AGREEMENT

### DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize The City of Hendersonville Water & Sewer Department, Hereinafter called COMPANY, to 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.

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Type of Acct: \_\_\_\_\_ Checking \_\_\_\_\_ Savings (Must have check writing ability)

This authority is to remain in full force and effect until COMPANY has received Written notification from 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.

\_\_\_\_\_  
Name on Water Account

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Water Account Number

\_\_\_\_\_  
Date

### **COPY OF VOIDED CHECK MUST BE ATTACHED TO THIS FORM!**

Complete the form and mail it to the Water/Sewer Department at our City Hall address (provided below) or you can just drop it off at the Hendersonville Water & Sewer Department located on the lower level of City Hall anytime between 8 a.m.-5 p.m. Monday-Friday. If you have any questions, please call us at (828)697-3052.

If you would like to receive your Billing Statements electronically please indicate so below. Please also provide a valid address for your electronic statement.

I would like to enroll in the e-billing system  
Please direct my bills to this e-mail address

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_