

CITY COUNCIL:
BARBARA G. VOLK
Mayor
STEVE CARAKER
Mayor Pro Tem
RON STEPHENS
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

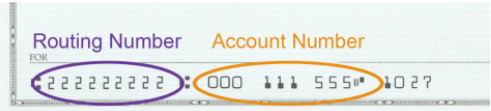
OFFICERS:
JOHN F. CONNET
City Manager
SAMUEL H.
FRITSCHNER
City Attorney
TAMMIE K. DRAKE
City Clerk

AUTHORIZATION AGREEMENT

AUTOMATIC DRAFT

I (we) hereby authorize The City of Hendersonville Water & Sewer Department, Hereinafter called CITY, to charge my (our) bank account indicated below the amount due on my account on the bill due date each month.

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Bank Routing # _____	
Account Number _____	
Bank City/State _____	



The graphic shows a routing number '22222222' circled in purple and an account number '000 555 1027' circled in orange. The routing number is labeled 'Routing Number' and the account number is labeled 'Account Number'.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing due date. If the account due dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the bill due date. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the City may at its discretion attempt to process the charge again. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Name on Water Account _____	Signature And Date _____
Water Account Number _____	Phone Number _____

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. Opting in to this service means you will no longer receiving your monthly bill via US Postal Service.

I would like to enroll in the e-billing system	Yes _____	No _____
Please direct my bills to the e-mail address provided	email address _____	

145 Fifth Ave. E.
Hendersonville, NC 28792-4328

customerservice@hvlnc.gov
Phone: 828.697.3052

Find this form online at:
www.hvlnc.gov