

EAST SEVIER COUNTY UTILITY DISTRICT



Authorization to Initiate ACH Debit Entries

I (we) authorize East Sevier Utility District to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits') as follows:

Account Type (select one): ☐ Checking ☐ Savings

Account Class (select one): ☐ Personal Account ☐ Business Account

Full Name on Account: _____

Account # _____ Routing# _____

Bank Name _____ Date(s) and/or
frequency of debit(s) _____

I (we) understand that this authorization is to remain in force until East Sevier Utility District has received written notification from me that I (we) wish to revoke this authorization. I understand that Gateway Utility Company requires at least fifteen (15) business days prior notice in order to begin or cancel this authorization.

Customer Signature: _____ Date _____

Customer Printed Name: _____

Customer Utility Account #: _____

Customer Contact Telephone#: _____

Customer Physical Address: _____

Please email completed forms to kspence@eastscud.org or mail to:

ESCUD 1529 Alpine Dr. Sevierville, TN 3787

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Office: 865-453-6704 | www.EastSCUD.org