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## Consumer Authorization for Direct Payment via ACH (ACH Debits)

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I hereby authorize BankTennessee to electronically debit my account at the financial institution named below. I also authorize BankTennessee to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold BankTennessee responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account.

This agreement will remain in effect until BankTennessee receives a written notice of cancellation from me or my financial institution, or until I submit a new automatic withdrawal form to the Accounts Receivable Department.

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### Account Information

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Checking Account

Savings Account

Name of Financial Institution:

Routing Number:

Account Number:

Name(s) on the Account:

Date(s) and /or Frequency:

Amount of Debit (or method of determining amount of debit(s) or specify range of acceptable dollar amounts:

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### Signature

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Authorized Signature:

Date:

Printed Name: