



Junaluska Sanitary District
P.O. Box 35
Lake Junaluska, NC 28745
828-452-1178
www.jsdwater.org

AUTHORIZED AGREEMENT FOR PREAUTHORIZED PAYMENTS
Direct Payments (ACH Debits)

Name on JSD Account _____

JSD Account# _____

Phone Number _____

I (we) hereby authorize Junaluska Sanitary District to draft my bank account on a monthly basis for the total amount of my utility bill.

Financial Institution:

Financial Institution Name _____

Branch _____

Address _____ City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Name on bank account if different from JSD Account _____

Type of Account (Check one) Checking Savings*

**Savings account must have check writing ability.*

This authority is to remain in full force and effect until the District has received written notification from me (or us) of its termination in such time and manner as to afford the District and Financial Institution a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Date)

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM!

Please mail completed form and voided check to: Junaluska Sanitary District
PO Box 35
Lake Junaluska, NC 28745

-OR- remit directly to JSD Office: 558 Old Clyde Road Clyde, NC