



SHADY GROVE UTILITY DISTRICT

P.O. BOX 830
Dandridge, TN 37725

Account Name: _____ Account No: _____

I hereby permanently revoke the ACH credit originated by Shady Grove Utility District that is being debited from _____ (financial institution).

I understand that this request must be received by Shady Grove Utility District at least 3 business days before the payment is scheduled to be made. Failure to give the utility district your written request at least three business days prior to a transfer will result in the utility district debiting your account. You will be responsible for any returned ACH fees resulting from the failure of notifying the utility district.

Authorized Signature

Date

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| <p>For Utility District Use Only:</p> <p>Request taken by: _____</p> <p>Date Request Taken: _____</p> <p>Date Processed: _____</p> <p>Processed By: _____</p> |
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