

# Authorization to initiate ACH Debit Entries

## Gateway Utility Company

I (we) authorize Gateway Utility Company 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 Gateway Utility Company 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: \_\_\_\_\_

Customer Email Address: \_\_\_\_\_

**Please Fax or mail back along with a voided check**

**Mail to: Gateway Utility PO Box 1005 Benton, KY 42025**

**Fax: 270-527-3132**

**Email: [gateway@Allianceinthecloud.com](mailto:gateway@Allianceinthecloud.com)**