

Customer Account NO.

Utility Use Only
Date Received:
BY:

WARREN COUNTY UTILITY DISTRICT
PO BOX 192
MCMINNVILLE , TN. 37111
PHONE (931) 668-4175

BANK DRAFT AUTHORIZATION FORM

Print Name: (as shown on Bank Record)

Checking Account or Savings Account Number

I hereby authorize the WARREN COUNTY UTILITY DISTRICT, to draft the account listed on this authorization form and agree that the Utility's right in respect to each such draft or check shall be the same as if issued and signed personally by me. I understand that in the event my account has insufficient funds to cover the monthly payment amount drafted, a **\$30.00** fee will be assessed and added to the account in addition to the monthly payment due.

I agree that this authorization is to remain in effect until revoked by WARREN COUNTY UTILITY DISTRICT or myself.

I attest I am the authorized owner of the Account listed on this form and I am exercising my powers as such. I hereby authorize my WATER BILL OR BILLS to be paid by my bank.

Depositor's Signature/and Phone Number

<p><i>ATTACH VOIDED CHECK HERE</i></p>
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