LA VERGNE WATER BILLING
AUTOMATIC DRAFT REQUEST

START DATE _____/_____/_____ STOP DATE_____/_____/_____

NAME _____

ADDRESS_____

PHONE NUMBER (_____)_____-_____

BANK NAME _____

BANK ROUTING # _____

BANK ACCOUNT # _____

PRESENT VOIDED CHECK

I HEREBY AUTHORIZE LA VERGNE WATER BILLING TO INITIATE DEBIT ENTRIES AND, IF NECESSARY, CREDIT ENTRIES AND/OR ADJUSTMENTS FOR ANY ENTRIES MADE IN ERROR TO THE CHECKING ACCOUNT LISTED. THIS AUTHORITY IS TO REMAIN IN FULL AFFECT UNTIL LA VERGNE WATER BILLING HAS RECEIVED, IN WRITING, NOTIFICATION OF ANY CHANGES IN MY ACCOUNT INFORMATION OR TERMINATION OF THIS AUTHORIZATION IN SUCH A MANNER AS TO AFFORD LA VERGNE WATER BILLING A REASONABLE OPPORTUNITY TO ACT ON IT.

SIGN _____DATE_____

FOR OFFICE USE ONLY

ACCOUNT # _____-_____-_____

BANK CODE # _____ COMPLETED BY_____

DATE _____/_____/_____

For questions please call the La Vergne Water Billing Department at
(615) 793-5932 Monday –Friday
8:00am to 4:30pm