

Customer's Utility Account

Number _____

Utility Use Only

Date Received _____

By _____

ALAMO WATER AND SEWERAGE COMMISSION

97 SOUTH JOHNSON ST

ALAMO, TN 38001

BANK DRAFT AUTHORIZATION FORM

ACCOUNTS WILL BE DRAFTED THE 5TH OF EACH MONTH

Please Print:

Name(as shown as Bank Record)

Name on utility bill if different from above

Checking Account Number

I hereby authorize the Alamo Water and Sewerage Commission to draft the account listed, on the 5th day of the month, on this authorization form and agree that the utility's rights 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 fee will be assessed in addition to the amount due and monthly bank draft will be stopped.

I agree that this authorization is to remain in effect until revoked by me in writing and until the utility actually received such notice.

I attest I am authorized owner of the Depository Account listed on the form and am exercising my powers as such. I hereby authorize my water, sewer and sanitation bill to be paid by my bank.

Depositor's Signature

ATTACH A VOIDED CHECK HERE