



**Consolidated Utility
District**

709 New Salem Hwy
PO Box 249
Murfreesboro, TN 37133-0249
TEL: 615-893-7225

**Bank Draft Authorization Form
Automatic Payment Plan**

I authorize Consolidated Utility District to begin deductions from my account with the financial institution named below, in the amount of my monthly utility bill. I understand that I may discontinue enrollment in the Automatic Payment Plan (APP) at any time, by submitting my request, **in writing**, to Consolidated Utility District, 3 business days prior to my due date. As an APP customer, I will continue to receive my monthly utility bill for review only and that both my financial institution and Consolidated Utility District have the right to terminate this payment plan or my participation therein. Also, as an APP customer, I understand that my payment will be submitted electronically to Consolidated Utility District's financial institution 2 business days prior to the due date. If for any reason my payment is declined, I understand that I will be charged a non-refundable service charge.

Name on your Utility Bill: _____

Service Address: _____

Utility Account #: _____ Utility Customer #: _____

Social Security #: _____

Your Financial Institution's Name: _____

Name(s) appearing on your bank account: _____

Type of Account That Will Be Drafted: Checking Savings

Date: _____ Bank Signature of Depositor: _____

Place Voided Check Below: