



**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 #: \_\_\_\_\_

Name(s) appearing on the bank account: \_\_\_\_\_

ADD my utility account to the electronic bank draft status Effective Date: \_\_\_\_\_

CHANGE banks and/or bank accounts for my electronic bank drafts Effective Date: \_\_\_\_\_

Date: \_\_\_\_\_ Bank Signature of Depositor: \_\_\_\_\_

Place Voided Check Below: