



City of Bartlett

WATER DEPARTMENT
A. Keith McDonald, Mayor

BANK DRAFT AUTHORIZATION CITY OF BARTLETT, TN WATER BILL PAYMENT

I (we) hereby authorize the City of Bartlett to debit my (our) **checking account** monthly for payment of my (our) water bill.

This authority is to remain in full force and effect until the City of Bartlett has received written notification from me (us) of its termination. Such notice must be given 30 days prior to the effective date of termination. PLEASE INITIAL HERE. _____

- Requirements: 1.) Account must have a zero balance.
2.) A **VOIDED CHECK** must be attached to this application.

Water Account# _____

(Please type or print)

Customer Name: _____

Address of Service: _____

Billing Address: _____
(If different from service address)

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Bank Name: _____

Account Authorization Signature(s):

X _____ Date: _____

X _____ Date: _____

Mail to: City of Bartlett-Water Department
6400 Stage Road - P.O. Box 341027
Bartlett, TN 38134-1027