



Town of Collierville
500 Poplar View Parkway
Collierville, TN 38017-3440



(901) 457-2240

(901) 457-2227 FAX

email utilities@collierville.tn.gov

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (BANK DRAFTS)

COMPANY NAME: TOWN OF COLLIERVILLE

I (we) hereby authorize Town of Collierville, herein called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) CHECKING SAVINGS account indicated below and the depository named below, to debit and/or credit the same to such account.

BANK OF DEPOSITORY NAME _____ BRANCH _____

BRANCH CITY _____ STATE _____

ROUTING NUMBER _____ BANK ACCT # _____

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY A reasonable opportunity to act on it.

NAME(S) _____ WATER ACCT # _____
 (please print)

PHONE # _____ ADDRESS _____

(IF BANK ACCOUNT CHANGES – GIVE DATE TO BEGIN DEBIT FROM NEW ACCOUNT _____)

DATE _____ SIGNED _____ SIGNED _____

Payments not debited by the bank due to "Insufficient Funds" or "Account Closed" will result in a \$25.00 fee added to the account. Two returned draft notices will result in deletion from the bank draft program.

(PLEASE ATTACH A VOIDED CHECK)



ROUTING NUMBER

ACCOUNT NUMBER

IMPORTANT!!!! Your request may take 4-6 weeks to take effect. Continue to pay as usual until your bill indicates BANK DRAFT - DO NOT PAY on the remit stub.