

MURFREESBORO WATER RESOURCES DEPARTMENT



AUTOMATIC BANK DRAFT PROGRAM AUTHORIZATION FORM

Should you desire to pay your monthly water and sewer bill by automatic debit of your bank account please complete and fax the information below to (615) 907-2254, mail to P.O. Box 897 Murfreesboro, TN 37133-0897, or drop off at 300 NW Broad St.

I (we) authorize MURFREESBORO WATER RESOURCES DEPARTMENT, hereinafter called MWRD, to initiate debit entries to my (our) bank account indicated below. The depository financial institution (i.e. bank, credit union, savings & loan) named below, hereinafter called BANK, will receive and debit the same entries to my (our) bank account.

Name(s): _____ Customer/Account: _____
(Name as listed on MWRD customer account) (without leading zeros)

Service Location Address: _____

I/We understand the MWRD may impose a processing fee for accounts that are found to contain insufficient funds.

This authority is to remain in full force and effect until MWRD and BANK has received written notification from me (or either of us) of its termination in such manner as to afford MWRD and BANK a reasonable opportunity to act on it.

You will receive your monthly water and sewer bill which will state "AUTO DRAFT". Net Amount Drafted on (Due Date)." Until that time please continue to pay account as billed, keeping a \$0.00 past due balance.
Please allow at least thirty (30) working days for changes to take effect.
There will be a return payment service charge on all rejected bank drafts.
After two (2) rejected bank drafts in a twelve (12) month period,
your bank draft will automatically be terminated.

DATE: _____ Signature: _____ Phone: _____

***** Please include a voided legible copy of a check indicating the bank account to be debited.*****

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FOR WATER RESOURCES DEPARTMENT USE:

DATE SETUP: _____

MWRD STAFF: _____ CYCLE: _____

Payment Platforms and Types:

