

DAVID BRILEY
MAYOR



METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DEPARTMENT OF WATER AND SEWERAGE SERVICES
PAYMENT PROCESSING DIVISION
1700 THIRD AVENUE, NORTH
NASHVILLE, TENNESSEE 37208-2206
(615) 862-4600
www.nashville.gov/water

Customer Name: _____

Account No.: _____

Service Address: _____

BANK DRAFT SERVICE

The exact amount of your monthly bill(s) will be automatically transferred from your designated account each month, twenty (20) days after your account is billed.

I (we) hereby authorize Metro Water Services, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my [] CHECKING [] SAVINGS account indicated below and the depository named below, to debit and/or credit the same to such account.

METRO WATER SERVICES (Please Print)

_____ *Customer's name as shown on account*

_____ *Name of bank*

_____ *Account number*

_____ *Bank Routing Number*

_____ *Customer's Signature*

_____ *Telephone Number*

Date Signed: _____

Please attach a personalized voided check to this completed form and return it to the above address.

This authorization is to remain in full force and effect until Metro Water Services has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Metro Water Services and the depository named above a reasonable opportunity to act on it.

If you have any questions about this customer service, please call (615)862-4770 ext 78036 or (615)862-4770 ext 78037.