



Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____

Service Address (if different): _____

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 []CHECKING []SAVINGS account indicated below and the depository named below, to debit and/or credit the same to such account.

METRO WATER SERVICES	
_____ <i>Customer's Name as shown on account</i>	
_____ <i>Name of Bank</i>	_____ <i>Account Number</i>
_____ <i>Bank Routing Number</i>	
_____ Customer 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 x78036 or (615) 862-4770 x78037.