



AUTOMATIC DRAFT/ACH DEBIT AUTHORIZATION AGREEMENT FORM INSTRUCTIONS

To have your water bill payment automatically drafted through an automatic draft/ACH debit through a checking account on a monthly basis, please complete the Automatic Draft/ACH Debit Authorization Agreement Form and provide a **voided check** from your checking account. If you cannot provide a voided check, please provide a letter from your bank for which you have your checking account with on their letterhead to include your bank routing number and your checking account number.

You must have this turned in to our office by the **15th of the month** in order for us to process your bank draft for the following month's bill.

To submit this information, please scan the information and email it to: shwater@springhilltn.org, drop it off at City Hall or mail it to:

City of Spring Hill
Attn: Water Dept.
P.O. Box 789
Spring Hill TN 37174

You will continue to receive a utility bill statement of service. When your account has successfully been set up for automatic draft/ACH debit, your bill will state **BANK DRAFT – DO NOT PAY**. If your bill does not have this statement, it has not been set up and you must manually pay your bill. Funds will be drafted from your checking account between the 15th – 17th of the month.

There are no additional fees or costs to use our automatic draft/ACH debit option.

If you have any further questions, please call us at 931-486-2252 and ask for the water billing department.

7/21/2021

FOR INTERNAL USE ONLY

Bank Routing # _____
Bank Account # _____
SHWW Customer Acct. # _____

AUTOMATIC DRAFT/ACH DEBIT AUTHORIZATION AGREEMENT FORM

I/we hereby authorize the City of Spring Hill, hereinafter called COMPANY; to initiate debit entries to my/our checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

COMPANY: Spring Hill Water Works FED ID #: 62-0692693

BANK NAME: _____

A VOIDED CHECK MUST BE ATTACHED

This authorization is to remain in full force and effect until COMPANY has received a written notification from me/us of its termination in such and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____
(Please Print)

Date: _____

Phone #: _____

Address: _____

Email Address: _____

Signature: _____

IF YOU CHANGE BANKS AND/OR ACCOUNT NUMBERS, PLEASE NOTIFY SPRING HILL DEPT. IMMEDIATELY.

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

This completed form, along with a voided check, can be dropped off at City Hall in person, or the payment drop box, mailed or scanned and emailed to shwater@springhilltn.org

199 Town Center Parkway
P.O. Box 789
Spring Hill TN 37174

Phone: 931-486-2252
Fax: 931-486-0516
www.springhilltn.org