



# CITY OF GERMANTOWN TENNESSEE

1930 South Germantown Road • Germantown, Tennessee 38138-2815  
Phone (901) 757-7200 Fax (901) 757-7292 www.germantown-tn.gov

Dear Utility Customer:

Thank you for your interest in the automatic utility payment program with the City of Germantown. In order to activate the automatic payment program, **your utility account balance must be paid in full.**

When you sign up for the program, you will continue to receive a utility bill that will contain information concerning water consumption, sewage usage and sanitation fee. The net amount due will be deducted from your account on the due date shown on the bill. In addition, a notice will appear on the bill stating the payment has been "bank drafted". At a later date, if you decide to change banks, bank account numbers or cancel the automatic payment service, notify the City ten days before the due date on the bill.

To activate the program, the City will need you to complete the attached form. Send the completed form with a **"VOIDED CHECK"** attached in the self-addressed envelope to the City of Germantown. If you have any questions concerning the program, please call (901) 757-7215. You may fax the form to (901) 751-7558.

I have read and understand the above and agree to comply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Water Account Number

We will need this form signed and returned with your bank draft application in order to set up bank withdrawal. You may fax the form to 901-751-7558.



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## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME CITY OF GERMANTOWN COMPANY ID # 626014996

I hereby authorize City of Germantown, hereinafter called company, to initiate debit entries to my checking account indicated below and the depository named below, hereinafter called depository, to debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA #. \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND AFFECT UNTIL COMPANY AND DEPOSITORY HAVE RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD COMPANY AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.

NAME \_\_\_\_\_ UTILITY ACCOUNT# \_\_\_\_\_  
(please print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_