

Bakewell Utility District

**405 Retro Hughes Road Bakewell, TN 37373
(423) 332-9733 Office (423) 332-9779 Fax**

Bank Draft Authorization Form

I, the Customer, hereby request, authorize and agree that Union Fork Bakewell Utility District (“District”) can initiate monthly debit entries electronically from my account, as described below, without my personal written signature. I agree for my account to be debited each month on the due date as shown on my monthly bill. If the transaction is returned from my bank to the District for any reason, I will be charged a \$30.00 fee. I understand that it is the District’s discretion to remove me from the program at any time. I have the right to cancel my participation in this program at any time. I must give the District a reasonable amount of time to process the cancellation.

ACCOUNT INFORMATION

Name as Shown on Your Bank Records

Telephone Number

Name on Bakewell Utility Account

Customer Service Address

Utility Account Number

Customer Billing Address if Different from Service Address

Signature of Customer

Date

Signature(s) of other parties on the Account (if applicable)

Date

Name of Bank

Routing Number

Bank Account Number

. . . . IMPORTANT

Please attach a voided check or deposit ticket to this form to be enrolled in the Bank Draft Program

Date Form Received _____

Date Entered for Billing _____