

TRIMBLE COUNTY WATER DISTRICT NO. 1
Automatic Bank Draft Agreement

Customer Name _____

Street Address _____

City, State, Zip _____

Water Account Number _____

I, _____ (checking account holder) authorize my financial institution to debit my account for my monthly bill on the last Wednesday of each month for the Trimble County Water District to post to my account.

I understand that the most current non-sufficient funds fee will be charged to my account in the event that there are insufficient funds in my bank account to cover my bill, and that the automatic bank payment service will be stopped.

Bank Name _____

Bank City, State _____

Routing Number _____

Bank Account Number _____ [] Checking [] Savings

Attach a voided check or deposit slip showing your name and checking account number.

I understand that I control my payment and if at any time I decide to discontinue the automated bill payment service, I will send written notification to Trimble County Water District and my financial institution.

Signature

Date

Attach voided check or
deposit slip here