

FOR INTERNAL USE ONLY

Bank Routing #	
Bank Account #	
SH 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 Utilities

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 UTILITY/WATER DEPARTMENT 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 dropped in the payment drop-box at City Hall. You can also submit it by mail at the address below or email it 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

6/21/2023