



## Town of Somerville

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### TOWN OF SOMERVILLE UTILITIES BANK DRAFT AUTHORIZATION FORM

SOMERVILLE UTILITIES ACCOUNT NUMBER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

- Account must not have any returned checks in the last 12 months.
- Your bank must be a member of the Automatic Clearing House.
- Your next bill may need to be paid as usual, depending on billing cycle.
- Your account will be drafted approximately five days before your due date.

PLEASE ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT BELOW

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