## **CITY OF LOBELVILLE**

P.O. BOX 369 LOBELVILLE, TN 37097

Robby J. Moore, Mayor Cristal Odom, City Recorder

Phone: (931) 593-2285 Fax: (931) 593-2279

## **DEBIT AUTHORIZATION AGREEMENT**

To set up automatic debit entries fo	r your account, co	omplete this form and return it to us.
(PLEASE PRINT)		
Name of Financial Institution		<del></del>
Bank ABA # (ROUTING)		
Bank Account #		
City	State	Zip Code
received written notification from m Water/Sewer/Gas and the financial	ne of its terminatio institution named	and effect until Lobelville Water/Sewer/Gas has on in such time and in such manner as to afford Lobelville above a reasonable opportunity to act on it. While be eligible for payment arrangements/extensions.
Customer Name:		
Utility Account Number(s):		
Phone Number:		
hereby authorize Lobelville Water/	/Sewer/Gas to initia	iate debit entries to my:
(Check one) ○ Checking ○ Savings	s account of the a	above mentioned financial institution.
Utility Account Holder's Signature: _		
Date:	_	

Please return this form with your utility payment or mail separately to: Lobelville Water/Sewer/Gas, P.O. Box 369, Lobelville, Tn 37097, or email to <a href="mailto:cityrecorder@lobelvilletn.org">cityrecorder@lobelvilletn.org</a> with subject line of Debit Authorization.