



Office Use Only:

Bank Number:	
Date Entered:	
Cycle:	

Customer Service Department
200 North Castle Heights Avenue
Suite 117
Lebanon, Tennessee 37087

BERNIE ASH, Mayor
200 North Castle Heights Avenue
Suite 100
Lebanon, Tennessee 37087

Bank Draft Authorization Form

Date: _____

Customer: _____

Account Number: _____

Bank: _____

Routing Number: _____

Checking Acct Number: _____

I understand that my checking account will be debited monthly for utilities (gas, water, sewer, recycling, sanitation) by the City of Lebanon on the due date. Bank drafts that are returned by my financial institution due to NSF, account closed, etc., may be subject to a \$30.00 return draft fee. This agreement will continue in effect unless terminated by myself or my representative.

Signature: _____

Please provide a voided check.