

Knox Chapman Utility District

Automatic Bank Draft Authorization

Name _____

Address _____

Customer Account No. _____

Bank Information:

Bank Name _____

Bank Routing Number _____

Bank Account Number _____

Bank Address or Branch _____

- Your bill will be mailed to you each month and in approximately 15 days your bank account will be debited the net amount shown.
- Please notify us within 5 days of any error on your bill.
- Please notify us in advance if you would like to be removed from the automatic bank draft or if you change banks.
- **Please provide a voided check in order to obtain the correct information required to set up your bank draft.**

I hereby authorize the Knox Chapman Utility District to automatically debit my bank account for payment of my monthly water/sewer bill.

Customer Signature

Date

Office Use Only

Password (PIN) Assigned _____

New Account ____ Effective Date ____ Current Customer ____ Bank Change ____

Prenote Date _____ Effective Date _____

Bank draft will not be applied to customer account until at least 10 days after effective date.

Return to: Knox Chapman Utility District P O Box 9569 Knoxville, TN 37940