CITY OF LOBELVILLE

P.O. BOX 369 LOBELVILLE, TN 37097

Phone: (931) 593-2285

Fax: (931) 593-2279

Robby J. Moore, Mayor Cristal Odom, City Recorder

DEBIT AUTHORIZATION AGREEMENT

To set up automatic debit ent	ries for your account, compl	ete this form and return it to us.	
(PLEASE PRINT)			
Name of Financial Institution			
Bank ABA # (ROUTING)			
Bank Account #			
City	State	Zip Code	
received written notification f Water/Sewer/Gas and the find	rom me of its termination in ancial institution named abo	effect until Lobelville Water/Sewer/Gas has a such time and in such manner as to afford Lobe ove a reasonable opportunity to act on it. While igible for payment arrangements/extensions.	elville
Customer Name:			
Utility Account Number(s):			
Phone Number:	Email:		
*When signing up for auto	draft you will only receive	e bill by email. No hard copy will be mailed	I.
l hereby authorize Lobelville V	Vater/Sewer/Gas to initiate	debit entries to my:	
(Check one) ○ Checking ○ S	avings account of the abo	ve mentioned financial institution.	
Utility Account Holder's Signa	ture:		
.			

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 cityrecorder@lobelvilletn.org with subject line of Debit Authorization.