

**CITY OF SPRING HILL**  
**AUTOMATIC DEBIT**  
**OF WATER BILL PAYMENT**

Dear Customer,

To have your water bill debited from a checking account each month, please complete the following form and attach a voided check from your checking account. Please also write in the routing and account numbers on the form. This form can be submitted to the City of Spring Hill Water Billing Department at P.O. Box 789, Spring Hill, TN 37174. It can also be submitted in person to our office inside the Spring Hill City Hall located at 199 Town Center Parkway, Spring Hill, TN 37174. It may also be faxed to (931) 486-0516.

**You must have this completed form submitted to our office by the 10<sup>th</sup> of the month in order for the next bill due to be drafted from your account.**

You will continue to receive a monthly bill for service. Your bill will read “**PAID BY BANK DRAFT**” when your monthly debit is in effect. If the bill does not have this noted on it, then you must manually pay the bill.

Funds will be withdrawn from your account between the 15<sup>th</sup> and 17<sup>th</sup> of the month.

If you have any further questions, please call one of the phone numbers listed below.

Thank You,

City of Spring Hill

Water Department

(931) 486-2252 ext. 200

(888) 774-8988 ext. 200

(888) 774-9088 ext. 200

(931) 486-0516 – Fax

199 TOWN CENTER PARKWAY – P.O. BOX 789 – SPRING HILL, TENNESSEE 37174

PHONE: (931) 486-2252 EXT. 200    FAX: (931) 486-0516

**Bank Routing #**

**Bank Account #**

**CITY OF SPRING HILL**  
**AUTHORIZATION AGREEMENT**  
**FOR AUTOMATIC DEBIT**  
**OF WATER BILL PAYMENT**

I/we hereby authorize The City of Spring Hill, hereinafter called COMPANY; to initiate debit entries to my/our checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

**COMPANY:** Spring Hill Water Works      **FED ID #:** 62-0692693

**BANK NAME:** \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received a written notification from me/us of its termination in such and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Name(s):** \_\_\_\_\_  
(Please Print)

**Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF YOU CHANGE BANKS AND/OR ACCOUNT NUMBERS, PLEASE NOTIFY SPRING HILL WATERWORKS IMMEDIATELY. NOTE:** All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

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