

CITY OF ADAMSVILLE BANK DRAFT FORM

DATE _____

I, _____
First Middle Last

_____ do hereby request the City of Adamsville to render my utility bill(s) in the form of a bank draft and send to my bank each month. I understand this procedure is extended to me by the City of Adamsville, and may be withdrawn at any time. I also understand that I will be sent a memorandum bill each month. Please provide us with the following information:

Utility Account Number _____

Name of Bank _____

Bank Routing Number _____

Bank Account Number _____

Signature _____

Mail or fax: City of Adamsville
P.O. Box 301
Adamsville, TN. 38310

Phone: 731-632-1401
Fax: 731-632-1779

If you would like to email form, please call City Hall for email address.

Please attach a blank voided check or deposit slip to this form.

_____ no longer requests the City of Adamsville use bank draft as a form of payment for my account.

Utility Account Number _____

Signature _____