

APPLICATION

NAME OF APPLICANT _____

NAME OF SPOUSE/ROOMATE _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

TELEPHONE# _____

DRIVERS LICENSE# _____

EMPLOYED BY _____ PHONE# _____

EMERGENCY CONTACT _____ PHONE# _____

DO YOU RENT OR OWN ABOVE LOCATION _____

IF RENT LIST LANDLORD _____

PREVIOUS ADDRESS _____

DO YOU WISH TO PAY BY BANK DRAFT? _____

I, _____ do hereby understand that all service fees paid are **NON-REFUNDABLE** and will not be considered a deposit. Further, it is that my bill is **DUE** to be **PAID** by the 10th of the month.

TODAY'S DATE _____

**** ATTACH COPY OF PHOTO ID ****

NON REFUNDABLE SERVICE FEE GAS - \$100.00 WATER & SEWER - \$60.00
MONTHLY SANITATION FEE - \$12.60

RECONNECT FEE WHEN TURNED OFF – NON REFUNDABLE
INSIDE CITY - \$30.00 PER SERVICE (GAS & WATER)
OUTSIDE CITY - \$50.00 PER SERVICE (GAS & WATER)

WATER SERVICE FEE _____ SEWER SERVICE YES OR NO

GAS SERVICE FEE _____ SANITATION YES OR NO

CUSTOMER'S ACCOUNT #: _____

DATE RECEIVED: _____

RECEIVED BY: _____

TOWN OF MAURY CITY
332 NORTH BROADWAY ST
PO BOX 245
MAURY CITY, TN 38050

BANK DRAFT AUTHORIZATION FORM
ACCOUNTS WILL BE DRAFTED THE 3RD OF EACH MONTH

PLEASE PRINT:

NAME (AS SHOWN ON BANK RECORD)

(NAME ON UTILITY BILL OF DIFFERENT FROM ABOVE)

CHECKING ACCOUNT NUMBER

I HEREBY AUTHRIZE THE TOWN OF MAURY CITY TO DRAFT THE ACCOUNT LISTED ON THIS AUTHORIZATION FORM, ON THE 3RD DAY OF EACH MONTH, AND AGREE THAT THE UTILITY'S RIGHTS IN RESPECT TO EACH SUCH DRAFT OR CHECK SHALL BE THE SAME AS IF ISSUED AND PERSONALLY SIGNED BY ME. I UNDERSTAND THAT IN THE EVENT MY ACCOUNT IS CLOSED OR HAS INSUFFICIENT FUNDS TO COVER THE MONTHLY PAYMENT AMOUNT DRAFTED, A \$35.00 FEE WILL BE ASSESSED IN ADDITION TO THE AMOUNT DUE AND THE MONTHLY BANK DRAFT WILL BE STOPPED.

I AGREE THAT THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING AND UNTIL THE TOWN OF MAURY CITY UTILITIES ACTUALLY RECEIVED SUCH NOTICE.

I ATTEST I AM THE AUTHORIZED OWNER OF THE DEPOSITORY ACCOUNT LISTED ON THIS FORM AND AM EXERCISING MY POWERS AS SUCH. I HEREBY AUTHORIZE MY MONTHLY UTILITY BILL BE PAID BY MY BANK.

DEPOSITOR'S SIGNATURE

ATTACH A VOIDED CHECK HERE