

Automatic Draft Program
Nolensville College Grove Utility District
P.O. Box 127
Nolensville, TN 37135
Fax # 615-776-2591

A Convenient Way to Pay Your Water Bill

Nolensville / College Grove Utility District is pleased to offer a new convenient automatic draft program to our customers. Your monthly payment is automatically paid by your bank account every month.

How the Program Works

- **Absolutely Free:** There is no cost to sign up for the program, and it will save you the cost of postage stamps and a trip to the post office.
- **Your Payment is Made on Time:** The automatic draft program will provide you with the assurance your monthly payment is made on time. You don't have to wonder "Did I pay my bill this month?"
- **Convenience in Making your Payment:** You do not have to take the time to make out a check and mail the payment each month.
- **Easy Reconciliation:** We send you a bill each month as we always have. Then approximately 10 days later, (the due date shown on bill) your bank account is deducted for that amount. The draft will be shown on your monthly bank statement.
- **Simple Enrollment:** Simply sign the form and include a voided check of the account to be drafted.

How You Enroll

- ◆ Complete and Sign Form
- ◆ Enclosed a Voided Check of the Bank Account to be drafted
- ◆ Mail or fax the form and voided check to Nolensville/College Grove Utility District. We must receive **15** days prior to your next bill date to be drafted.
- ◆ Your next billing notice will reflect the automatic draft amount your bank will automatically pay.
- ◆ If you have a problem with your bill, simply notify us within 15 day grace period and have that month's draft suspended. You may then pay your bill the same way you always have.

N/CG Utility District is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or by fax (202) 690-7422 or email at program.intake@usda.gov.

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P.O. Box 127
Nolensville, TN 37135

Account Number _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Mark One of the Following:

- New Account Information
- Change Account Information
- Delete Account Information

Nolensville/College Grove Utility District must receive this form and a voided check at least 15 days prior to your next bill date in order to draft your upcoming water bill. Send this form with your current monthly payment, to be assured next months' bill will be drafted.

I (we) hereby authorize Nolensville/College Grove Utility District to initiate debit entries to such account by funds transfer for payment of my monthly water bill.

This authority is to remain in full effect until I notify Nolensville/College Grove Utility District that I wish to end this agreement and Nolensville/College Grove Utility District has had reasonable time to act on it; or until Nolensville/College Grove Utility District has sent me 10 days written notice that they will end this agreement.

I understand that Nolensville/College Grove Utility District will continue to send me a bill and that there will be a minimum of 15 days after the date of billing to notify Nolensville/College Grove Utility District of any error on the bill.

I further understand that in the event my account has insufficient funds to cover the monthly payment amount drafted, a \$35 fee will be assessed and debited from my account in addition to the monthly payment due. It is my duty to notify Nolensville/College Grove Utility District 15 days prior to a scheduled debit of any changes made to my designed depository account, including but not limited to closed status, bank ownership changes and account changes.

I attest I am an authorized owner of the Depository Account listed below, and am exercising my powers as such.

Authorized Signature

Date

Name of Drafting Institution

ACH- Bank Routing Number

Account Number to be drafted

Please send in a copy of a voided check