



Bank Draft Authorization

Print out this form & fill in the proper information.
Then mail this form along with a voided personalized check to:

Columbia Power & Water Systems
Bank Draft Authorization
P.O. Box 379
Columbia, TN 38402-0379

Authorization Agreement for Preauthorized Payments

I/we hereby authorize Columbia Power and Water Systems, hereinafter called CPWS, to initiate debit entries to my/our checking account indicated and the depository (bank or credit union), hereinafter called DEPOSITORY, to debit the same to such account.

The authority is to remain in full force and effect until CPWS and DEPOSITORY have received written notification from me/us of its termination FIFTEEN (15) days prior to the effective date of termination. I/we understand that the debit to our checking account will occur on the due date of my/our utility bill and that I/we will receive my/our utility bill at the regular time noting that it will be paid from my/our bank account.

I/we further understand that should a debit to my/our checking account be rejected because of insufficient funds TWO (2) times, I/we will no longer be eligible to participate in the preauthorized payment program.

TABS (BANK DRAFT) AUTHORIZATION

Name(s) on Account: _____

Address: _____

City/State/Zip: _____

Email Address (optional): _____

CPWS Account Number: _____

Bank Name:* _____

Bank Routing Number:* _____

Bank Account Number:* _____

Customer Signature _____ Date _____

Customer Signature _____ Date _____

****This form MUST be accompanied by a voided personalized check.***