

FROM NATURE...



Bristol-Bluff City Utility District  
318 Riverview Dr.  
PO Box 459  
Bluff City, TN 37618

Office: (423) 538-4043  
Emergency: (423) 538-7241

**Auto-Draft Authorization/Request Form**  
**The easy way to pay your Bill!!!**

*Auto Draft is an easy, convenient and free way to pay your bill. There are no checks, postage, late fees.*

Step 1: Complete entire application.

Step 2: Attach **voided check** to the completed form.

Step 3: Designate the month that auto-draft shall begin.

Authorization for Auto Draft: I authorize Bristol-Bluff City Utility District (BBCUD) to directly withdraw funds from my bank account for the total amount of my monthly bill on the due date printed on the bill. I authorize BBCUD to initiate any correcting (credit) entries. I understand that the authorization may be rejected or discontinued by BBCUD at anytime. If any of the following information changes, I will promptly complete a new authorization. If auto draft is not stopped before closing a bank account, payment in another form shall be made to Bristol-Bluff City Utility District (BBCUD) and late charges may be incurred. If auto draft is returned for insufficient funds then an NSF fee shall be applied to your account at the rate specified by the rate schedule in effect. Also, if two (2) auto drafts are returned for insufficient funds, then auto draft is subject to be discontinued. .

BBCUD Customer Account Number: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Location Address (911 address required):

Street/House number: \_\_\_\_\_ Name of Street/Rd. \_\_\_\_\_

City: Bluff City Bristol Blountville Piney Flats State: **TN** Zip code \_\_\_\_\_ - \_\_\_\_\_

Billing Address:

Street/House number: \_\_\_\_\_ Name of Street/Rd. \_\_\_\_\_

P.O. Box \_\_\_\_\_

City: Bluff City Bristol Blountville Piney Flats State: \_\_\_\_\_ Zip code: \_\_\_\_\_ - \_\_\_\_\_

Financial Institution:

Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street/Building number: \_\_\_\_\_ Name of Street/Rd. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_ - \_\_\_\_\_

**Flip over – More on Back.**

Please Check Account Type:    Checking \_\_\_\_\_    Savings \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Month/Year to initiate Auto-Draft: \_\_\_\_\_

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

BBCUD Employee Initials: \_\_\_\_\_

Input into BBCUD Billing System: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach voided Check Below:**