

WEST WILSON UTILITY DISTRICT

BANK DRAFT SUSPENSION FORM

P. O. BOX 97, MT. JULIET, TN 37121

615-758-5682

Date: _____

I no longer want West Wilson Utility District to automatically draft my checking account for payment of my water bill. I understand that this notice must be received by West Wilson Utility District at least 15 days prior to a scheduled debit of the designated account. If 15 days notice is not given, and the scheduled debit is not honored for any reason or in error, I may incur additional charges or have my water services terminated.

PRINT NAME: _____

SIGNATURE: _____

ADDRESS: _____

ACCOUNT NUMBER: _____