



City of Covington

200 W. WASHINGTON
P.O. BOX 768
COVINGTON, TN 38019

ACCOUNT NUMBER	
CUSTOMER NAME	
SERVICE ADDRESS	
SERVICE PERIOD	-

DUE DATE	AMOUNT DUE NOW	AMOUNT DUE AFTER DUE DATE

SERVICE DESCRIPTION	PREVIOUS READING	PRESENT READING	CONSUMPTION	AMOUNT
Total				

!!!ATTENTION!!!

THIS WILL BE THE ONLY NOTICE YOU WILL RECEIVE. THERE WILL BE A \$50 CHARGE AND YOUR SERVICE WILL BE DISCONNECTED IF NOT PAID BY 5PM ON _____

COMPARE WATER USAGE		
CURRENT MONTH	PREVIOUS MONTH	PREVIOUS YEAR

PLEASE RETURN BOTTOM PORTION WITH PAYMENT OR BRING ENTIRE STATEMENT WHEN PAYING IN PERSON



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ADDRESS SERVICE REQUESTED

ACCOUNT INFORMATION	
ACCOUNT NUMBER	
DUE DATE	
AMOUNT DUE AFTER DUE DATE	
AMOUNT DUE NOW	



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OFFICE HOURS
MONDAY - FRIDAY
8:00 A.M. - 5:00 P.M.
CLOSED
SAT., SUN., & HOLIDAYS

FOR YOUR CONVENIENCE, THIS BILL MAY BE PAID AT OUR OFFICE, BY RETURN MAIL, OR AT THE AFTER HOURS DROP BOX (LOCATED AT THE DRIVE THRU WINDOW).

**PLEASE REMIT TO:
THE CITY OF COVINGTON
P.O. BOX 768
COVINGTON, TENNESSEE 38019
PHONE (901) 476-9531**

MAKE A PAYMENT ONLINE BY VISITING
WWW.COVINGTONTN.COM
OR BY CALLING
1(877)793-7965

YOU MUST HAVE THE ACCOUNT NUMBER AND AMOUNT TO USE THIS PAYMENT OPTION. THERE WILL BE A CHARGE FOR USING CARDS THROUGH THIS SERVICE

SCHEDULE OF APPLICABLE RATES, RULES, AND REGULATIONS ARE AVAILABLE AT OUR OFFICE ON REQUEST. FAILURE TO RECEIVE BILL DOES NOT RELIEVE CONSUMER OF PAYMENT AND PENALTY. CUSTOMERS WITH DISPUTED BILLS MAY CALL (901)476-9531 AND ASK FOR OUR CUSTOMER SERVICE DEPARTMENT OR MAY COME BY OUR OFFICE AT 200 WEST WASHINGTON AVENUE. A FEE WILL BE CHARGED ON ALL RETURN CHECKS.

SMELL GAS????

IF YOU SMELL GAS, CALL (901)476-7163. DO NOT USE MATCHES OR ANY OPEN FLAME. DO NOT TURN ELECTRICAL SWITCHES OR OTHER SPARK PRODUCERS OFF OR ON. IF THE ODOR IS STRONG, EVACUATE THE AREA IMMEDIATELY. CALL THE GAS COMPANY FROM A NEIGHBORING PHONE. DO NOT RE-ENTER THE AREA.

~COMMUNITY ANNOUNCEMENTS~

FORM FOR BANK DRAFT DEBIT AUTHORIZATION FORM

I (we) hereby authorize The City of Covington to initiate a (CHARGE) Entry to my (our) checking/savings account at the Financial Institution indicated on the attached voided check or savings deposit slip; and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until the City of Covington is notified by me (us) in writing to cancel it in such time as to afford The City and Financial Institution a reasonable opportunity to act on it.

Signature to Begin Bank Draft

Date

TO BE VALID, SIGN THIS FORM AND ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP.