

CITY OF MILLEDGEVILLE

AUTOMATIC BANK DRAFT AUTHORIZATION

We will be happy to deduct your monthly water/sewer/garbage bill from your checking or savings account.

- PLEASE COMPLETE THE REQUESTED INFORMATION BELOW. OMISSIONS MAY CAUSE YOUR DRAFT REQUEST TO BE DELAYED. MAKE SURE THE DOCUMENT IS SIGNED.
- SUPPORTING DOCUMENTATION. PLEASE ATTACH TO THIS COMPLETED REQUEST A SPOILED CHECK ((not deposit slip) FROM THE ACCOUNT YOU WISH FOR US TO DEDUCT YOUR PAYMENT. YOU MAY BRING THE DOCUMENTATION TO US HERE AT OUR OFFICE, DROP IT IN THE NIGHT DEPOSITORY, FAX IT TO 478 414-4011 OR SCAN & EMAIL IT TO [prushin@milledgevillega.us](mailto:prushin@milledgevillega.us).
- WHEN DOES DRAFT BEGIN? DEPENDING UPON WHEN WE RECEIVE YOUR REQUEST, IT MAY TAKE UP TO 30 DAYS FOR YOUR AUTOMATIC DRAFT TO BEGIN. PLEASE WATCH YOUR BILL. YOUR BILL IS RELEASED ON THE LAST WORKING DAY OF THE MONTH, EACH MONTH. YOU WILL CONTINUE TO RECEIVE A BILL; HOWEVER, THE BILL WILL STATE "DO NOT PAY –PAID BY AUTOMATIC DRAFT" ON THE BILL.
- TIME OF DRAFT. DRAFT ARE DONE ON OR AROUND THE 15<sup>TH</sup> OF EACH MONTH. PLEASE REVIEW THE BILL YOU RECEIVE ON OR AROUND THE 1<sup>ST</sup> OF EACH MONTH FOR ANY CHANGES IN YOUR CONSUMPTION OR BILLED AMOUNT SO THAT YOU CAN RESOLVE IT BEFORE THE DRAFT TAKES PLACE ON THE 15TH.
- DISCONTINUING AUTOMATIC DRAFT. PLEASE NOTIFY THIS OFFICE, IN WRITING, VIA EITHER OF THE ABOVE-MENTIONED MEANS.
- INSUFFICIENT FUNDS. IF YOUR ACCOUNT HAS INSUFFICIENT FUNDS TO HONOR THE AUTOMATIC DEDUCTION, A CHARGE OF \$30 WILL BE PLACED ON YOUR ACCOUNT ALONG WITH ANY ACCRUED LATE FEES AND YOUR WATER SERVICE MAY BE INTERRUPTED FOR NON-PAYMENT.

////////////////////////////////////

**YOU MAY KEEP THE ABOVE INFORMATION AND RETURN THE AUTHORIZATION WITH SUPPORTING DOCUMENTATION**

AUTOMATIC BANK DRAFT AUTHORIZATION

DATE \_\_\_\_\_ DAYTIME TELEPHONE NUMBERS \_\_\_\_\_/\_\_\_\_\_

NAME AND ADDRESS OF FINANCIAL INSTITUTION \_\_\_\_\_  
\_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ CHECKING ( ) SAVINGS ( )

My signature hereon authorizes the City of Milledgeville to initiate debit entries (draft) against my account (information provided above) each month and I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WATER SERVICE ADDRESS \_\_\_\_\_

WATER SERVICE ACCOUNT NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_