**City of Jefferson Public Works**

**Water and Sewer Billing**

**147 Athens Street**

**Jefferson, GA 30549**

**706-367-5121**

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| **AUTHORIZATION AGREEMENT FOR ACH DEBIT** |

 **Utility Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby authorize the City of Jefferson Public Works, hereinafter called COMPANY, to initiate debit entries to my account indicated below and the depository named below hereinafter called DEPOSITORY to debit the same such account. Dishonored payments can be represented electronically for the check amount and service charges as permitted by Georgia state laws.**

**All ACH debits will occur on the 10th of each month or if the 10th falls on a weekend or holiday, the following business day. A bill will still be mailed as normal showing the balance due, which is what will be debited.**

**It is the customer’s responsibility to monitor monthly billing activities. Doing so will indicate water consumption changes and may indicate a potential leak.**

**DEPOSITORY INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_**

**TRANSIT/ROUTE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**START DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This agreement is to remain in effect until COMPANY and DEPOSITORY have received written notification of termination 30 days prior in advance.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **ATTACH COPY OF VOIDED CHECK** |