

**CITY OF DAHLONEGA
465 RILEY ROAD
DAHLONEGA, GA 30533**



UTILITY BILLING ACH BANK DRAFT REQUEST FORM

UTILITY ACCOUNT INFORMATION:

ACCOUNT NAME	
ACCOUNT NUMBER	
SERVICE ADDRESS	
MAILING ADDRESS	
PHONE NUMBER	

BANK ACCOUNT INFORMATION:

BANK NAME		
ROUTING NUMBER		
BANK ACCOUNT NUMBER		
TYPE OF ACCOUNT	CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>
MONTH FOR DRAFT TO BEGIN		

I HEREBY AUTHORIZE THE CITY OF DAHLONEGA TO DEBIT MY ACCOUNT AUTOMATICALLY FOR PAYMENT OF MY MONTHLY PUBLIC UTILITIES BILL. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I NOTIFY THE CITY IN WRITING THAT I NO LONGER DESIRE THIS SERVICE, ALLOWING THE CITY REASONABLE TIME TO ACT ON MY NOTIFICATION. THE DRAFT WILL BEGIN WITH THE BILL DUE DATE FOLLOWING THE SET UP.

I UNDERSTAND THAT THE CITY WILL CONTINUE TO SEND ME A MONTHLY BILL AND THAT MY BANK ACCOUNT WILL BE DRAFTED FOR THE TOTAL AMOUNT DUE ON THE ACCOUNT AS OF THE DUE DATE. I FURTHER UNDERSTAND THAT THE CITY MAY IMPOSE A PROCESSING FEE IF THERE ARE INSUFFICIENT BANK FUNDS ON THE DAY OF THE DRAFT. I ALSO UNDERSTAND THAT IF MY DRAFT IS RETURNED UNPAID, MY DRAFT SERVICE WILL BE DISCONTINUED.

SIGNATURE

PLEASE MAIL OR DROP OFF THE COMPLETED FORM AND A VOIDED ORIGINAL CHECK FROM YOUR BANK ACCOUNT.