



CITY OF DAHLONEGA
 465 Riley Road
 Dahlonega, Georgia 30533
 Phone: 706-864-6133 • Fax: 706-864-4837

UTILITY BILLING ACH BANK DRAFT REQUEST

WE CANNOT DRAFT FROM A CHECKING ACCOUNT WITHOUT CONFIRMING THE ACCOUNT AND ROUTING NUMBER. PLEASE PROVIDE A VOIDED CHECK WITH THE COMPLETED FORM

Check one: **Begin Payment** **Change Information**

UTILITY ACCOUNT INFORMATION:ACCOUNT NAME	
ACCOUNT NUMBER	
SERVICE ADDRESS	
MAILING ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	

BANK ACCOUNT INFORMATION:BANK NAME	
ROUTING NUMBER	
BANK ACCOUNT NUMBER	
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 SETUP.

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 MAY BE DISCONTINUED.

I AUTHORIZE ANY SURPLUS UTILITY DEPOSIT, AFTER SETTLEMENT OF FINAL BILL, TO BE REFUNDED ELECTRONICALLY BY AN ACH CREDIT THE CHECKING ACCOUNT AS IDENTIFIED ABOVE.

SIGNATURE

DATE