

Authorization Agreement for ACH Direct Withdrawals

Print Form

Utility Payments

Company Name: City of Hawkinsville Date: \_\_\_\_\_

Check One:

- New Authorization Authorization to Transfer to Another Depository
Change of Account Number Cancellation

Authorization For: Utility

I (we) hereby authorize City of Hawkinsville, hereafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and I hereby authorize the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name:
Branch:
City: State: Zip:
Transit/ABA No. Account No.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the COMPANY or the DEPOSITORY prior to its receipt.

The bank or financial depository information provided in this form by the customer shall remain confidential from all other sources and used solely for the purposes described in this form.

Name(s):
Property Location:
Mailing Address:
Account No. Day Time Phone No.
Email:

Signature: Signature:

ATTACH YOUR PERSONALIZED VOIDED CHECK HERE

Return To:
City of Hawkinsville
P.O. Box 120
Hawkinsville, GA 31036
478-892-3240