



**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**

<b>ACCOUNT NAME</b>	
<b>ACCOUNT NUMBER</b>	
<b>SERVICE ADDRESS</b>	
<b>MAILING ADDRESS</b>	
<b>PHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	

<b>BANK NAME</b>	
<b>ROUTING NUMBER</b>	
<b>BANK ACCOUNT NUMBER</b>	
<b>MONTH FOR DRAFT TO BEGIN</b>	

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 THE FINAL BILL, TO BE REFUNDED ELECTRONICALLY BY AN ACH CREDIT THE CHECKING ACCOUNT AS IDENTIFIED ABOVE.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**