

City of Waleska
8891 Fincher Rd
Waleska, GA 30183

Draft Payment Plan
Authorization Agreement for Pre-Authorized Payments

Customer Information

_____ () _____ () _____
Name (Please Print) Home Phone Cell or Work Phone

_____ City State Zip
Service Address

_____ City State Zip
Mailing Address (if different from above)

_____ Social Security Number
Water Account Number

Banking Information

_____ City/State
Name of Financial Institution

Type of Account: _____ Checking _____ Savings

_____ Checking/Saving Account Number
Bank Transit Number

I hereby authorize the City of Waleska, Waleska, Georgia ("The City") to automatically debit my account for payment of my monthly Utility bill, inclusive of water and garbage charges if applicable. This authorization will remain in effect until I notify the City that I no longer desire this service, allowing the City reasonable time to act on my notification.

I understand the City will continue to send me a monthly bill. I further understand that the City will impose a processing fee in the event that a debit entry is not paid by my financial institution. For example, the City may charge a fee if my account contains insufficient funds to cover prearranged debit.

Please provide a canceled check or saving voucher

You may mail this form in or drop it off at our office

_____ Signature

_____ Date

_____ Approved by

_____ Date