

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

Service Address City State Zip

Water Account Number

Banking Information

Name of Financial Institution City/State

Type of Account: _____ Checking _____ Savings _____

Bank Transit Number _____ Checking/Saving Account Number _____

Credit Card Information

Credit Card Number Exp Date Sec Code (on Back)

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