

ATTENTION UTILITY CUSTOMERS

THE CITY OF DAWSONVILLE IS NOW
OFFERING AUTOMATIC PAYMENTS
(ACH) FOR YOUR UTILITY BILL

EFFECTIVE FEBRUARY 2019



TO SIGN UP, PLEASE COMPLETE
THE FORM ON THE REVERSE SIDE
AND RETURN TO THE UTILITY
DEPARTMENT.

Contact Tracy Smith at (706) 265-3256 with any questions



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**Authorization Agreement
For Direct Payments
(ACH Debits)**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Effective February 2019

Account Name: _____ Account Number: _____

Service Address: _____ Telephone Number: _____

Email Address: _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Account
Number: _____ Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature: _____

Printed Name: _____ **Date:** _____

**PLEASE ATTACH A VOIDED CHECK OR A DIRECT DEPOSIT FORM
FROM YOUR BANK TO THIS FORM!**