



CITY OF DAWSONVILLE
415 Hwy 53 E, Suite 100
Dawsonville, GA 30534
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**Authorization Agreement
For Direct Payments
(ACH Debits)**

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Account Name: _____ Account Number: _____

Service Address: _____ Telephone Number: _____

Email Address: _____

I (we) hereby authorize **CITY OF DAWSONVILLE**, 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 (Bank)

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 FROM YOUR BANK TO THIS FORM!