



UTILITY BILLING DEPARTMENT  
181 LARKIN STREET/ PO BOX 785  
CORNELIA, GA 30531  
PHONE: 706-778-8585

## Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from a checking or savings account for the purpose of making a payment. Please provide a voided check or a bank letter with account information.

**Check one:** ☐ Begin New Payment ☐ Change Information

**Customer Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I (we) authorize City of Cornelia ("CITY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

☐ Checking Account / ☐ Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

**Depository Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Name(s) on the account:** \_\_\_\_\_

**Debit transaction frequency:** CITY only allows Recurring Entries, where ACH debits are automatically processed on the 5<sup>th</sup> of each month. Should the 5<sup>th</sup> fall on a weekend or holiday, the ACH debit will occur on the next business day.

**Date of first debit:** \_\_\_\_\_ **Frequency of debits:** monthly

**Authorized debit amount:** amount of monthly utility bill

I (we) understand that this authorization will remain in full force and effect until I (we) notify CITY in writing that I (we) wish to revoke this authorization. I (we) understand that CITY requires at least 1 week prior notice in order to cancel this authorization.

**Name(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature(s):** \_\_\_\_\_

### For City Use Only

**Received date:** \_\_\_\_\_ **Processed by:** \_\_\_\_\_ **Process Date:** \_\_\_\_\_