



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 5th of each month. Should the 5th 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:** _____