WATER RESOURCES

59 Lee Street Winder, GA. 30680 Phone (770) 307-3014
Email: dcarter@barrowga.org

DEBIT AUTHORIZATION

I hereby authorize the Barrow County Water Resources to initiate debit entries for Utility payments to my account indicated below and the financial institution named below, to Debit the same to such account. I acknowledge that the origination of the Automated Clearing House (ACH) transactions to my account must comply with the provisions of U.S. law.

_____ _____ _____ _____
Service Address City State Zip

_____
Name of Financial Institution

_____ _____
Bank Routing Number Bank Account Number

Account Type: _____ Checking (or) _____ Savings

This authority is to remain in full force and effect until Barrow County Water Resources has received written notification from me of its termination in such time and manner as to afford Barrow County Water Resources and Financial Institution a reasonable opportunity to act on it.

_____ _____ _____
Print Name Signature Date

Draft will take place on the 20th of each
Please List the month you want draft to start:_____

OFFICE USE ONLY

Staff Initials _____ Date Entered _____ Exempt _____

Please attach Voided Check here.