



WATER-SEWER-SANITATION DEPARTMENT

151 Elizabeth Street
Canton, Georgia 30114
Phone: (770) 704-1500 Fax: (770) 704-6914

Wanda Floyd
CUSTOMER SERVICE MANAGER

Authorization Agreement for Pre-Authorized Payments

Customer Information

____ () _____ () _____
Name (Please Print) Home Phone Work Phone

Service Address City State Zip

Mailing Address (if different from above) City State Zip

Utility Account Number Social Security Number

Banking Information

Name of Financial Institution City/State

Type of Account: _____ Checking _____ Savings

Bank Transit Number Checking/Saving Account Number

I hereby authorize the City of Canton Water Department, Canton, Georgia (The "City") to automatically debit my account for payment of my monthly Utility bill, inclusive of water, sewer, street light and garbage charges if applicable. This authorization will remain in effect until I notify the City that I no longer desire this service, allowing the City reasonable time to act on my notification.

I understand the City will continue to send me a monthly bill. I further understand that the City will impose a processing fee in the event that a debit entry is not paid by my financial institution. For example, the City may charge a fee if my account contains insufficient funds to cover a prearranged debit.

Please provide a canceled check or saving voucher

Signature Date

Approved by Date