

Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from an account for the purpose of making a payment.

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

I (we) authorize Ellijay-Gilmer County Water & Sewerage Authority(“EGCWSA”) 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 (“Bank”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

**Bank name**:

**Routing number**: **Account number**:

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

**Debit transaction frequency**:

* + **One-Time Draft Authorized Amount $\_\_\_\_\_\_\_\_\_\_\_\_**
	+ **Monthly Draft of Account Balance** (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

**Payment Date/ Payment Start Date:**

I (we) understand that this authorization will remain in full force and effect until I (we) notify EGCWSA in writing that I (we) wish to revoke this authorization. I (we) understand that EGCWSA requires at least 10 days prior notice in order to cancel this authorization.

Name(s):

 *(Please Print)*

Water Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Signature(s):

*PLEASE ATTACH VOIDED CHECK/ SAVINGS DEPOSIT SLIP*

*COMPLETED FORM MAY BE EMAILED TO customerservice@egcwsa.com*