

City of Ball Ground
P.O. Box 285
Ball Ground, Georgia 30107
(770) 735-2123 ~ FAX (770) 735-4575

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

I (we) hereby authorize City of Ball Ground (CBG) to Debit my checking account at the financial institution listed below for payment on my monthly bill. This authorization will remain in effect until I (we) notify CBG in writing that I (we) no longer desire this service, allowing CBG and the financial institution reasonable time to act on my (our) notification.

CBG Account Number _____ Account Name (s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____

Name of Financial Institution _____

Telephone Number of Financial Institution _____

Routing Number _____ Checking Account Number _____

Note: The routing number is located between these symbols |: |: on the bottom left of your check. Please notify CBG of any bank account changes as soon as possible to avoid missed payments.

Please include a voided check (NOT a deposit slip) with this authorization and mail to:

City of Ball Ground
P.O. Box 285
Ball Ground, GA 30107
Attn: Karla

A letter to confirm enrollment will be mailed to you once the enrollment process is complete. Once you are enrolled, you will continue to receive your monthly bill. "Drafted on (date): Don't Pay" will print on your bill as a reminder that the account is being drafted. The amount due on your bill is automatically deducted from your checking account two business days prior to the due date. If you do not receive the conformation letter within 10 days after returning this form to us or if you have any questions regarding our Automatic Draft Program, please contact Karla at 770-735-2123.

Signature _____ Date _____