City of Fayetteville

Automatic Draft Agreement Form

Authorization Agreement

I hereby authorize the City of Fayetteville to initiate automatic drafts from my account at the financial institution named below.

Further, I agree not to hold the City of Fayetteville responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me, by my financial institution, or due to an error on the part of my financial institution in withdrawing funds from my account.

This agreement will remain in effect until the City of Fayetteville receives written notice of cancellation from me or my financial institution, or until I submit a new deposit form to the Water Utility Billing Clerk.

Account Information

Name of Financial Institution: _____

Bank Routing Number: _____

Account Number: _____ Checking ◯ Saving ◯

Signature

Authorized Signature (Primary): _____ Date: _____

If Account is Joint, need both signatures:

Authorized Signature (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Utility Bill Account Number: _____

Service Address: _____

If you wish to participate, please staple a voided check
to this form and return to the
Water and Sewer Department
240 Glynn Street South
Fayetteville, GA 30214
Attn: Utility Billing Manager

Updated February 4, 2020