



Direct Payment Authorization Form

(912) 287-2900

Fax (912) 287-2946

www.waycrossga.com

Instructions:

- 1) Complete the information below.
- 2) Mark the box before type of bank account to indicate whether your payment will be deducted from your checking or savings account.
- 3) Attach a voided check for verification of all financial institution information.

NOTE: Be sure to sign the form!

Date _____
 Name _____
 (The Name on your Bank Account must match the name on your Utility Billing Account)
 Social Security or Tax ID number _____
 Utility Account Number _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Bank Name _____
 Bank Address _____
 City _____ State _____ Zip _____
 Bank Phone _____
 Bank Account Number _____
 Bank Routing Number _____ (Nine Digits)
 Type of bank account Checking Savings

I authorize the City of Waycross to initiate electronic debit entries to the bank account described above for payment of my utility bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. Any changes to the above authorization must be made at least two weeks before the scheduled due date. Any electronic payment returned for insufficient funds will be treated in the same manner as a NSF check.

Signature _____ Date _____
Customer