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Authorization for Direct Payment via ACH

Direct Paymen	t via A	CH is the transfer of funds from	-	ccount for the purpose of making apayment.	
Check one:		Begin Payment		Change Information	
		ty of Hiawassee to electronically my (our) account to correct err		my (our) account and, if necessary, to s debits as follows:	
\square Checking Account / \square Savings Account (select one) at the depository Financial Institutionnamed below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.					
Depository nan	ne:				
Routing number:			Account number:		
Name(s) on the account:					
Debit transacti	on fre	quency:			
□ Single Entry (one-time payment) □ Multiple Entries (multiple entries that may not occur at substantially regular intervals)How will subsequent Entries be allowed? □ Telephone □ Internet □ Other: □					
Recurring Entries (entries that recur at substantially regular intervals, without furtheraffirmative action by the Receiver) City of Hiawassee will debit your account monthly on or about					
the 20th of the month.					
Date of debit (if Single Entry) or date of first debit:					
Number of and/or frequency of debits:					
Authorized debit amount (or method for determining amount):					
I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Hiawassee in writing, by phone or in person at City Hall 50 River Street Hiawassee, GA that I(we) wish to revoke this authorization. I (we) understand that the City of Hiawassee requires at least 7 days prior notice in order to cancel this authorization.					
Name(s):					
(Please Print)					
Service Address	:			Acct number:	

Date:_____Signature(s): _____