CITY OF HIAWASSEE

50 River St Hiawassee, GA 30546
706-896-2202
706-896-4991
www.hiawasseega.gov

Authorization for Direct Payment via ACH

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

Check one: ☐ Begin Payment   ☐ Change Information

I (we) authorize the City of Hiawassee 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 Institutionnamed below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository name: _____

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

Name(s) on the account: _____

Debit transaction frequency:
　　　☐ **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)

Name(s): _____
　　　　　　　　　　(Please Print)

Date:_____Signature(s): _____

Date:_____Signature(s): _____