



# Notla Water Authority

P.O. Box 609 • 1802 Pat Haralson Drive • Blairsville, GA. 30514  
(706) 745-4598 • FAX (706) 745-8631

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Notla Water Authority

Company ID Number 58-1469729

I (we) hereby authorize Notla Water Authority, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking Account  Savings Account (Select one) Indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Once we receive your bank draft form the 1<sup>st</sup> month there will be a trial run (no money will be drafted), in the 2<sup>nd</sup> month your account will be drafted between the 5<sup>th</sup> & 7<sup>th</sup> of each month.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Phone # \_\_\_\_\_ Email \_\_\_\_\_  
**(Please Print)**

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Name(s) \_\_\_\_\_ Notla Acc. # \_\_\_\_\_  
**(Please Print)**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**