



NOTLA WATER AUTHORITY

P.O. Box 609 * 1802 PAT HARALSON DR. * BLAIRSVILLE, GA 30514
TEL: (706) 745-4598 * WWW: NOTLAWATERAUTHORITY.ORG

AUTOMATED DRAFT AUTHORIZATION (ACH Debits)

I (We) authorize Notla Water Authority and the financial institution listed below to initiate electronic debit entries on a monthly basis (usually drafted between the 5th and 8th of each month), and if necessary, credit entries and adjustments for any debit entries in error to my:

Checking Account

Savings Account

This authorization is to remain in full force and effect until Notla Water Authority has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Notla Water Authority and the financial institution a reasonable opportunity to act on it. Notla Water Authority will not be held responsible for any errors made by the financial institution. There will be a \$35 Return ACH Fee (per incident) for insufficient funds. Attached is a voided check/savings deposit slip for verification of all financial institution information. My account information with Notla Water Authority and the financial institution is as follows:

Name(s) _____ Notla Water Acct # _____

Email _____ Phone # _____

Service Address _____

Financial Institution _____ ACH Debit Start Date _____

Bank Routing # _____ Bank Acct # _____

Signature _____ Date _____

*Would you like your bill emailed? Yes No

PLEASE ATTACH A VOIDED CHECK TO THIS FORM