

CHEROKEE COUNTY WATER & SEWERAGE AUTHORITY

391 West Main Street ~ P.O. Box 5000 ~ Canton, GA 30114 (770) 479-1813 ~ FAX (770) 479-4312

AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT

I (we) hereby authorize Cherokee County Water & Sewerage Authority (CCWSA) to Debit my checking account at the financial institution listed below for payment on my monthly bill. This authorization will remain in effect until I (we) notify CCWSA in writing that I (we) no longer desire this service, allowing CCWSA and the financial institution reasonable time to act on my (our) notification.

CCWSA Account Number	Name	
Address		
City	State	Zip
Home Phone #	Work Phone #	
Name of Financial Institution		
Telephone Number of Financial Institution		
Routing Number	Checking Account Num	nber
NOTE: The routing number is located between Please notify CCWSA of any bank payments.		
Please include a voided check (NOT a dependence County Water P. O. Box 5000, Canto Attention: Kathy Email: kburch@ccws	ter & Sewerage Authorit on, GA 30114	
A letter to confirm enrollment will be issued select which method you prefer to receive the	<u> </u>	ocess is complete. Please
□ Email		
Once enrolled, you will continue to receive Only " will be printed on your bill as a remin amount due on your bill is automatically de If you do not receive the conformation letter have any questions regarding our Automati 1813, Ext. 262.	nder that payment will be ducted from your check r within 10 days of return	e automatically drafted. The ring account on the due date. ning this form to us or if you
Signature	Date	