

FAYETTE COUNTY WATER SYSTEM
AUTOMATIC BANK DRAFT PROGRAM

Thank you for your interest in our Automatic Bank Draft Program. To make the transition easy, please follow these directions:

- ◆ Complete the Authorization Agreement
- ◆ The agreement must be signed to be processed
- ◆ Please include a voided check. The voided check will provide important information necessary to complete the enrollment process
- ◆ Return your signed agreement and voided check to the Fayette County Water System.

Following the return of your agreement: “Please read carefully:

1. Please continue to make your monthly payments until you are enrolled in the electronic debit program and your financial institution accepts the enrollment.
2. Fayette County Water System will send you a statement each month before your bank account is drafted. Your effective statement will indicate **“Bank Draft Do Not Pay.”**
3. The bill amount will be drafted on the due date shown on your statement.
4. If you decide not to participate in the Automatic Bank Draft Program, you can stop a particular draft on your account by notifying the Fayette County Water System before the due date on your statement, followed with a written request.

The application and your voided check may be faxed to (770) 716-4176; or mail your application to Fayette County Water System, P. O. Box 190, Fayetteville, GA 30214.

If you have any questions regarding this agreement or future bills, please contact Customer Service at (770) 461-1146, ext 5. Our Office hours are Monday thru Friday, 8:00 AM to 5:00 PM.



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
FOR
FAYETTE COUNTY WATER SYSTEM**

Where Quality Is A Lifestyle

I (we) hereby authorize FAYETTE COUNTY WATER SYSTEM, to initiate debit entries to my (our):

Checking Account **Savings Account**

at the depository financial institution named below, hereinafter called DEPOSITORY for amounts due for water service received from the Fayette County Water System.

Depository Name _____ **Branch** _____

City _____ **State** _____ **ZIP** _____

Routing Number _____ **Account No.** _____

This authorization is to remain in full force and effect until FAYETTE COUNTY WATER SYSTEM has received written notification from me (or either of us) of its termination in such time and in such manner as to afford FAYETTE COUNTY WATER SYSTEM and DEPOSITORY a reasonable opportunity to act upon the cancellation request.

NOTE: I (we) understand that the debit entry on my (our) account will be processed on the bill due date. If my (our) due date falls on a weekend, the debit entry will be made the next following business day. I understand that I (we) must provide written notice of cancellation and/or financial institution changes at least thirty (30) days before the payment due date. I (we) understand that this Agreement will be terminated if one (1) debit item is returned.

Name(s) _____

Water Account Number: _____

Telephone Number: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

We are pleased to invite you to sign up to receive your monthly billing by email. To receive your monthly bill by email all we need is a current email address. To enroll in this program please provide the current email address you wish to add to your account: _____