



# FITZGERALD UTILITIES

P.O. Box 667 • Fitzgerald, GA 31750 • 229-426-5400 • Fax 229-426-5443

## AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) hereby authorize Fitzgerald Utilities, ("COMPANY") to electronically debit my (our) account **for the statement balance of my utility bill** (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account/  Saving Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH Transactions I (we) authorize comply with all applicable law.

### Bank Draft Information

Depository Name \_\_\_\_\_

Address \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

### Fitzgerald Utilities Account Information

**I (we) understand that the draft will be done no later than 12 days from the mailing date of my statement. (EXCEPTIONS MAY APPLY DURING HOLIDAYS)**

I (we) understand that this authorization will remain in full force and effect until I (we) notify Fitzgerald Utilities in writing by mail P. O. Box 667, Fitzgerald, GA 31750, or by phone that I (we) wish to revoke this authorization. I (we) understand that Fitzgerald Utilities requires at least 3 days prior notice in order to cancel this authorization.

Name(s) \_\_\_\_\_

Utility account number \_\_\_\_\_ Start Date \_\_\_\_\_

Location address \_\_\_\_\_

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