

# CITY OF CLEVELAND

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## AUTHORIZATION AGREEMENT FOR BANK DRAFT

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**I hereby authorize The City of Cleveland to initiate a bank draft, for the payment of my water, sewer and/or garbage if applicable. This is to begin with my next billing and is to be deducted from the account listed below.**

Financial Institution Name: \_\_\_\_\_

City/Address: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Transit # \_\_\_\_\_

Savings Account#: \_\_\_\_\_

**Please attach a voided check for the indicated account.**

The authority is to remain in full force until the City of Cleveland has received written notification from me of its termination in such timely manner the City of Cleveland and the Financial Institution has a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_