

**THE CITY OF LAWRENCEVILLE
UTILITY DIRECT PAYMENT PROGRAM AUTHORIZATION FORM**

Complete the following and return it to the **Billing Department, City of Lawrenceville, P.O. Box 2200, Lawrenceville, GA 30046** or fax to **678-407-6671**. You should continue to pay your bill until you receive your first bill that indicates your bill has been **“Paid by Draft”**. Direct payments will be sent to your bank on the **penalty date** each month. **No exceptions to penalty dates will be made.** An account that receives an insufficient funds notice will be assessed a penalty of thirty dollars (\$30.00). Any account with two (2) returned direct payments for insufficient funds will be removed from automatic bank draft.

CANCELLATION OF THIS AUTHORIZATION MUST BE MADE TO:

**BILLING DEPARTMENT
CITY OF LAWRENCEVILLE
P.O. BOX 2200
LAWRENCEVILLE, GEORGIA 30046**

VOICE MAIL OR PHONE MESSAGES ARE NOT ACCEPTABLE.

This authority is to remain in full force and effect until the Billing Department at the City of Lawrenceville has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Billing Department at the City of Lawrenceville and Depository a reasonable opportunity to act on it. (A “reasonable opportunity” shall not be less than 60 days.)

Applicant agrees to indemnify the City of Lawrenceville from any liability arising from the operation of this agreement except the City shall reimburse the applicant for all sums improperly debited from the account and credited to the account of the City of Lawrenceville.

City of Lawrenceville Utility Account # _____

Service Address _____

Name of Depository Institution _____

Name(s) on Depository Account _____

Account to be charged: _____ Checking _____ Savings (please select one)

Depository Account Number _____

Social Security Number _____

Home Phone _____ Daytime Phone _____

I (we) hereby authorize **The City of Lawrenceville** to initiate debit entries to my (our) _____ Checking Account _____ Savings Account (select one) indicated above and the depository financial institution named above, and to debit the same to such account. I, (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. (Please include a voided check with request.)

Signature _____

Date _____