



LAWRENCEVILLE

GEORGIA

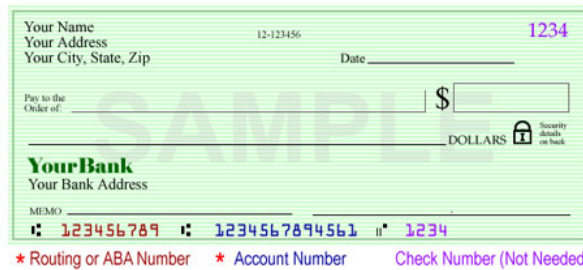
THE CITY OF LAWRENCEVILLE UTILITY DIRECT PAYMENT PROGRAM AUTHORIZATION FORM

Date: _____

City of Lawrenceville Utility Account #: _____

Name on Account: _____

Service Address: _____



Bank Name: _____

Bank Routing Number (9 digits): _____

Bank Account Number _____

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

Home Phone: _____ Daytime Phone: _____

Email: _____ Signature: _____

Account holder should continue to pay bill until receiving first bill that indicates the bill has been "Paid by Draft". Direct payments will be sent to the bank on the penalty date each month (no exceptions). 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.

This authority is to remain in full force and effect until the Billing Department at the City of Lawrenceville has received written notification from the account holder of its termination. Allow the City of Lawrenceville and Bank a reasonable opportunity to act on it. (A "reasonable opportunity" shall not be less than 60 days.)

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.

Please return this completed form to: City of Lawrenceville
ATTN: Billing Department
P.O. Box 2200,
Lawrenceville, GA 30046

Fax: 678-407-6671

P O Box 2200 • Lawrenceville, Georgia 30046-2200

www.lawrencevillega.org