



P.O. Box 980/112 South Railroad Avenue/Twin City, Georgia 30471

BANK DRAFT AUTHORIZATION FORM
City of Twin City

Date: _____

City of Twin City Utility Bill Account Number: _____

Name on Utility Bill Account: _____

Service Address: _____

I hereby authorize the City of Twin City to debit my bank account, as noted below, to cover my monthly utility bill(s) and charges each month. Utility bills are drafted around the 15th of each month. Your utility bill is mailed out the first of each month and is marked BANK DRAFT. I understand my account will be automatically debited on the due date of my bill each month. This authorization is to remain in effect until the City of Twin City has received written notification from me of its termination. The notification should be in such a timely manner as to notify the bank in a reasonable time to stop any future drafts. Should an automatic debit be returned by the bank, I understand I will be taken off of bank draft and will be charged applicable collection fees by the City of Twin City. **Draft customers will not receive the \$.25 discount.**

BANK ACCOUNT INFORMATION

Financial Institution: _____

City/State: _____

Bank Account Number: _____

Bank Routing Number: _____

Bank Account Name (print): _____

Authorized Signature: _____

Date: _____

For office use

Clerk's initials: