

UTILITY BILLING DEPARTMENT 181 LARKIN STREET/ PO BOX 785 CORNELIA, GA 30531 PHONE: 706-778-8585

Draft Authorization

Customer Name:			
Account Number:			
Service Address:			
Phone Number:	Email Add	dress:	
Bank Name:			
Bank Routing #:			
Bank Account #:			-
pay my utility bill. Th	is is a recurring debit that	ny checking/savings account mo t will occur on the 5 th of each mo debited on the next available	onth. If
day.	kend, the decount win be	debited on the next available	Danking
day.		Date:	J
day. Signature: Please attach a voice mail or by fax to 706-7	led check. Requests can	_ Date: be submitted in person at City ay take up to one (1) month to co	Hall, by
day. Signature: Please attach a voice mail or by fax to 706-7 Please use one of our of the control of	led check. Requests can 78-2234. This process ma ther payments options du written request must be n e submitted by mail, in	_ Date: be submitted in person at City ay take up to one (1) month to co	Hall, by omplete.
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