

DEBIT AUTHORIZATION
Blue Ridge Water & Sewer Department
480 West First St
Blue Ridge, GA 30513

DATE: _____

BLUE RIDGE WATER ACCOUNT#: _____

SERVICE ADDRESS TO BE DRAFTED: _____

MONTH TO BEGIN DRAFT: _____

Automatic Draft From Checking/Savings Account

I, _____, authorize Blue Ridge Water & Sewer to automatically draft my water bill from my checking account each month. **I understand that I will continue to receive a bill every month for my records.** Drafts will be done every month between the 8th and the 12th. **If for some reason the draft can not be covered it is the customers responsibility to notify Blue Ridge Water before the 8th day of the month.** Changes to draft or draft cancellation must be done in writing.

Name of bank: _____.

My bank routing#: _____.

Checking account#: _____.

I understand that if my bank draft is denied due to insufficient funds that Blue Ridge Water & Sewer may discontinue my bank draft service.

PLEASE PROVIDE A VOIDED OR PHOTO COPY OF CHECK WITH APPLICATION

Signature