

BALDWIN COUNTY WATER DEPARTMENT

P O BOX 9 HARDWICK, GA 31034 (478) 445-4237 1601 N COLUMBIA ST SUITE 130 MILLEDGEVILLE, GA 31061

AUTOMATIC BANK DRAFT AUTHORIZATION (ACH)

We are happy to deduct your monthly water/sewer/solid waste bill from your checking or savings account.

PLEASE COMPLETE THE REQUESTED INFORMATION BELOW. OMISSIONS MAY CAUSE YOUR DRAFT REQUEST TO BE DELAYED. MAKE SURE THE DOCUMENT IS SIGNED AND THAT YOU HAVE PROVIDED SUPPORTING DOCUMENTATION.

- **SUPPORTING DOCUMENTATION.** PLEASE ATTACH TO THIS REQUEST A SPOILED CHECK (not deposit slip) FROM THE ACCOUNT YOU WISH FOR US TO DEDUCT YOUR PAYMENT. YOU MAY BRING THE DOCUMENTATION TO US HERE AT OUR OFFICE, DROP IT IN THE NIGHT DEPOSITORY, MAIL IT, FAX IT TO 478-445-6501 OR SCAN & EMAIL IT TO prushin@baldwincountyga.com. IT IS RECOMMENDED THAT YOU FOLLOW UP WITH THIS OFFICE TO ENSURE WE HAVE RECEIVED YOUR REQUEST IF YOU CHOOSE A METHOD OTHER THAN PERSONAL DELIVERY.
- **WHEN DOES DRAFT BEGIN?** DEPENDING UPON WHEN WE RECEIVE YOUR REQUEST, IT MAY TAKE UP TO 30 DAYS FOR YOUR AUTOMATIC DRAFT TO BEGIN. **REQUESTS RECEIVED DURING THE LAST WEEK OF THE MONTH WILL NOT BE PROCESSED UNTIL THE BEGINNING OF THE FOLLOWING MONTH.** PLEASE WATCH YOUR BILL. YOUR BILL IS RELEASED ON THE LAST WORKING DAY OF THE MONTH. WE WILL CONTINUE TO MAIL YOUR BILL; HOWEVER, THE BILL WILL INDICATE PAYMENT IS BY AUTOMATIC DRAFT ON THE BILL.
- **TIME OF DRAFT.** DRAFTS ARE RUN ON OR AROUND THE 15TH OF EACH MONTH. PLEASE REVIEW THE BILL YOU RECEIVE ON OR AROUND THE 1ST OF EACH MONTH FOR ANY CHANGES IN YOUR CONSUMPTION OR BILLED AMOUNT SO THAT WE CAN RESOLVE IT BEFORE DRAFTING IT ON THE 15TH.
- **DISCONTINUING YOUR AUTOMATIC DRAFT.** NOTIFY THIS OFFICE IMMEDIATELY, IN PERSON OR IN WRITING, AS SOON AS YOU WISH FOR YOUR AUTOMATIC DRAFT TO BE DISCONTINUED. POSITIVE ID WILL BE REQUIRED.
- **INSUFFICIENT FUNDS.** IF YOUR ACCOUNT HAS INSUFFICIENT FUNDS TO HONOR THE AUTOMATIC DEDUCTION, A CHARGE OF \$35 WILL BE PLACED ON YOUR ACCOUNT ALONG WITH ANY ACCRUED PENALTIES AND/OR LATE FEES AND YOUR WATER SERVICE MAY BE INTERRUPTED FOR NON-PAYMENT.
- **CHANGES IN YOUR ACCOUNT STATUS.** IT IS YOUR RESPONSIBILITY TO NOTIFY THIS OFFICE IMMEDIATELY REGARDING CHANGES IN YOUR ACCOUNT WHICH WOULD AFFECT THIS AUTOMATIC DRAFT.

YOU MAY KEEP THE ABOVE INFORMATION AND RETURN THIS AUTHORIZATION WITH SUPPORTING DOCUMENTATION

[] NEW DRAFT

AUTOMATIC BANK DRAFT AUTHORIZATION

[] UPDATE EXISTING DRAFT

DATE _____ DAYTIME TELEPHONE NUMBERS _____ / _____

PRIMARY

EMERGENCY

NAME AND ADDRESS OF FINANCIAL INSTITUTION _____

ROUTING # _____ ACCOUNT # _____ ☐ CHECKING ☐ SAVINGS

My signature authorizes the Baldwin County Water Department to initiate debit entries (draft) against my account (information provided above) each month and I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law.

PRINTED NAME _____ SIGNATURE _____

WATER SERVICE ADDRESS _____ ACCOUNT NUMBER _____

EMAIL ADDRESS _____