



CITY OF CUMMING

CHARTERED 1845

DEPARTMENT OF UTILITIES



MAYOR
Henry Ford Gravitt

COUNCIL MEMBERS
Quincy Holton
Lewis Ledbetter
Ralph Perry
John Pugh
Rupert Sexton

CITY ADMINISTRATOR
Gerald Blackburn

ASSISTANT CITY ADMINISTRATOR
Steve Bennett

CITY ATTORNEY
Dana B. Miles

CITY CLERK
Jeffery Honea

DIRECTOR OF UTILITIES
Jonathon W. Heard

AUTOMATIC PAYMENT AUTHORIZATION

By providing my bank or credit/debit card account information to City of Cumming and signing in the space provided, I hereby authorize City of Cumming to debit/charge my account the amount of my monthly invoice. I understand that a debit/charge to my account will be made on the due date appearing on my invoice unless such a date is a company or bank holiday, in which case City of Cumming will debit/charge my account on the next business day.

Utility Account Number _____

Customer Name: _____

Service Address: _____

Phone Number: _____ **Cell Number:** _____

CHECK ONE and complete the appropriate account information below:

- Checking Account (attach a "VOID" check and a copy of your driver's license)
- Savings Account (attach a "VOID" withdrawal slip and a copy of your driver's license)
- Credit/Debit Card (attach a copy of your driver's license)

****Checking or Savings Account Information****

Name of your financial institution: _____

Bank Routing Number: _____

Bank Account Number: _____

Print name as shown on your account: _____

Your signature as accepted by your bank: _____

****Credit/Debit Card Account Information****

Credit/Debit Card (check one) Visa MasterCard

Credit/Debit Card Number: _____

Security Code (3 digits on back of card): _____ **Expiration Date:** _____

Print your name as shown on card: _____

Your signature as accepted by credit card provider: _____

****Please allow up to 30 days to process your request. In the interim, you should continue to pay all invoices until you receive one marked "DO NOT PAY." Once your automatic payment option is established, you will continue to receive monthly invoices marked "DO NOT PAY" for your records.****

I have read and understand the terms above and authorize City of Cumming to debit/charge the amount of my monthly Cumming Utilities invoice using the method indicated.

Your signature _____