



**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:**

**DRIVER'S LICENSE #** \_\_\_\_\_

- Checking or Savings Account  
*(attach a "VOIDED" check or 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** \_\_\_\_\_ **Date** \_\_\_\_\_