



NOTLA WATER AUTHORITY

P.O. Box 609 * 1802 Pat Haralson Dr. * Blairsville, Ga 30514
Tel: (706) 745-4598 * www: notlawaterauthority.org

Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from an account for the purpose of making a payment.

Check one: Begin Payment Change Information

I (we) authorize Notla Water Authority ("COMPANY") to electronically debit my (our) account (usually between the 5th and the 8th each month) and, if necessary, to electronically credit my(our) account to correct erroneous debits as follows:

Check one: Checking Account Savings Account

at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository name: _____	Notla Account #: _____
Routing number: _____	Account number: _____
Name(s) on the account: _____	
Address: _____	
Phone #: _____	Email: _____

Debit transaction frequency:

Recurring Entries (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

Date of debit (if Single Entry) or date of first debit: _____

Number of and/or frequency of debits: Monthly

Authorized debit amount (or method for determining amount): Monthly Bill

I (we) understand that this authorization will remain in full force and effect until I (we) notify Notla Water Authority in writing, by phone, or at our office in person that I(we) wish to revoke this authorization. I (we) understand that Notla Water Authority requires at least 1 week prior notice in order to cancel this authorization. Notla Water Authority will not be held responsible for any errors made by the financial institution. There will be a \$35 Return ACH Fee (per incident) for insufficient funds. **Attached is a voided check/savings deposit slip for verification of all financial institution information.

Name(s): _____

Date: _____ **Signature(s):** _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM