



# CHEROKEE COUNTY WATER & SEWERAGE AUTHORITY

P.O. Box 5000 ~ 140 West Main Street ~ Canton, GA 30114

Phone (770) 479-1813 ~ Fax (678) 493-8738

## AUTOMATIC BANK DRAFT AUTHORIZATION FORM

CCWSA offers an easy and convenient way to pay your bill using Automatic Bank Draft. Your monthly bill is automatically withdrawn from your checking account (ACH Debit) on the due date of the bill. *(We do not draft savings accounts.)* This is a free service which helps avoid late fees and postage costs. Please continue to pay your monthly bill until you receive a notification that your account has been activated for Automatic Bank Draft.

**New Enrollment**

**Change Bank Information**

\_\_\_\_\_  
**CCWSA Account Number**

\_\_\_\_\_  
**Name(s) On CCWSA Account**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Mobile Phone**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Service Address (if different from mailing address)**

\_\_\_\_\_  
**Name of Financial Institution (Bank)**

\_\_\_\_\_  
**Routing (ABA) Number /: located here on your check /:**

\_\_\_\_\_  
**Checking Account (DDA) Number**

A letter confirming enrollment will be issued once the enrollment process is complete. Please select which method you prefer to receive the confirmation notice.  **Email**  **Mail**

CCWSA will continue to provide you with a monthly statement. The amount due on the bill will be deducted on the due date stated on the bill. **Bank Draft – Do Not Pay** will be printed on the bill as a reminder that payment will be automatically drafted. Please select which method you prefer to receive your monthly bill.  **E-Bill**  **Paper**

**Email Address (Please Print):** \_\_\_\_\_

- I (We) hereby authorize Cherokee County Water & Sewerage Authority (CCWSA) to initiate debit entries for payment of utility charges and if necessary, to initiate credit entries which are necessary for corrections, to my (our) Checking account listed above and the financial institution named above to credit or debit the same to such account. I (We) also understand the CCWSA and the financial institute reserve the right to terminate this payment plan and/or my (our) participation in it.
- I (We) agree to maintain this account in good standing and understand that I (we) need to provide CCWSA written notification of any checking account changes at least 5 business days before the automatic payment is scheduled to be drafted. Any draft not honored by the bank for any reason, will be subject to the same fees and penalties as a returned check.
- This authorization will remain in full force and effect until I (we) notify CCWSA in writing that I (we) no longer desire this service. Written notification must be received at least five (5) business days before the automatic payment is scheduled to be drafted. If less time is provided, the CCWSA will try, but not guarantee, to stop the automatic payment.
- Should I (we) close the CCWSA account at the service address listed above, this authorization will terminate after the final balance (if any) has been drafted. If I (we) relocate to a new address in the CCWSA service area and would like to have the monthly payment drafted, I (we) must submit a NEW ACH authorization form for that service address/account.
- I (We) have read and understand the above authorization agreement for the Automatic Draft Plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH A VOIDED CHECK (IF POSSIBLE) WHEN ENROLLING OR CHANGING BANK ACCOUNTS**

**MAIL FORM & CHECK TO: CCWSA P.O. BOX 5000 CANTON, GA 30114 ATTN: KATHY OR EMAIL: kburch@ccwsa.com**

**CCWSA USE**

Date Received : \_\_\_\_\_

Date Entered: \_\_\_\_\_

Cycle: \_\_\_\_\_

Clerk: \_\_\_\_\_