



CITY OF LAVONIA

"A GEORGIA CITY OF EXCELLENCE"

DEBIT(ACH) AUTHORIZATION

City of Lavonia: Origination Company

Please complete this application and return it to the City of Lavonia, 12221 Augusta Road – P.O. Box 564, Lavonia, Georgia 30553 or email angieg@lavoniaga.gov or rpowers@lavoniaga.gov . If you have any questions, please call City of Lavonia (706)356-8781.

I (we) hereby authorize the City of Lavonia, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

I authorize the above-named Origination Company to Debit entries which remove money from my account for payments I owe according to the schedule. The Debit will hit your account on the next banking day and will not hit prior to the authorized date.

I authorize the above-named Origination Company to initiate Credit entries to reverse any transactions they have originated to my account in error.

NAME(S): _____
(Please Print)

ACCOUNT NUMBER: _____

NAME OF FINANCIAL INSTITUTION: _____

LOCATION OF FINANCIAL INSTITUTION: _____

CUSTOMER'S ADDRESS: _____

****PLEASE ATTACH A VOIDED CHECK****

This authority is to remain in full force and effect until the Company has received a written notification of its termination and has had a reasonable opportunity to act upon it.

NOTE: If Debit (ACH) returns your privileges will be terminated. The utilities will be disconnected, and all charges will be due immediately in order to have service connected.

SIGNED: _____

DATE: _____