

CITY OF THOMASTON
106 EAST LEE STREET
P.O. BOX 672
THOMASTON, GA. 30286

BANK DRAFT ENROLLMENT

706-647-6633
TELEPHONE

706-647-6583
FAX

WE ARE PLEASED TO OFFER AUTOMATIC BANK DRAFT SERVICE. AUTOMATIC BANK DRAFT CAN SAVE YOU TIME, POSTAGE, AND ENSURE THAT YOUR MONTHLY PAYMENT IS MADE ON TIME. THE CITY WILL WORK DIRECTLY WITH UNITED BANK WHO IN TURN WILL DRAFT YOUR ACCOUNT AT YOUR PERSONAL BANK. WE WILL KEEP YOU ADVISED OF YOUR BILLING THROUGH MONTHLY STATEMENTS. THESE STATEMENTS WILL NOTIFY YOU OF THE AMOUNT OF YOUR BILL, THE AMOUNT TO BE DEDUCTED, AND THE DATE THE PAYMENT WILL BE DEDUCTED (AFTER THE 10TH OF THE MONTH).

PAYING BY BANK IS ESPECIALLY CONVENIENT FOR PEOPLE WHO TRAVEL, THOSE WHO HAVE MULTIPLE ACCOUNTS TO MANAGE, OR ANYONE WITH A HECTIC SCHEDULE. THIS METHOD CAN BENEFIT ANYONE BY SAVING YOU THE TIME TO PREPARE AND MAIL REGULAR MONTHLY PAYMENTS. PAYING BY BANK DRAFT LETS THE CITY AND YOUR BANK DO THE WORK FOR YOU.

ENROLLING IS EASY. JUST COMPLETE AND SIGN THE AUTHORIZING FORM BELOW AND RETURN IT TO THE CITY WITH A VOIDED CHECK FROM THE BANK ACCOUNT YOU WISH TO HAVE DRAFTED. YOU MAY ENROLL IN OR STOP BANK DRAFT ANYTIME.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

I (WE) AUTHORIZE UNITED BANK TO INITIATE DEBIT ENTRIES TO MY (OUR)
() CHECKING () SAVINGS ACCOUNT (SELECT ONE) INDICATED BELOW AT THE FINANCIAL INSTITUTION NAMED BELOW.

FINANCIAL INSTITUTION _____

BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

DEBIT: ROUTING NUMBER _____ ACCOUNT NUMBER _____

I UNDERSTAND THAT THIS AUTHORIZATION WILL REMAIN IN FULL FORCE AND EFFECT UNTIL THE CITY OF THOMASTON HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE CITY OF THOMASTON A REASONABLE OPPORTUNITY TO ACT ON IT.

NAME: (PLEASE PRINT) _____

SERVICE ADDRESS _____

DATE _____

SIGNATURE _____