



**CITY OF NORCROSS**

*65 Lawrenceville Street,  
Norcross, Georgia 30071*

**Authorization Agreement For Preauthorized Utility Payments  
(ACH Debits)**

I (we) do hereby authorize the City of Norcross, hereinafter referred to as the Originator, to initiate debit entries to the account indicated below, and to initiate corrective reversal entries (credits) to the account indicated below in the event that any debit entries are originated in error.

Name of Depository  
Financial Institution: \_\_\_\_\_

Location of Depository Financial Institution:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA Number \_\_\_\_ (nine digits)

Bank Account Number \_\_\_\_\_

This authority is to remain in effect until the Originator has received my/our written notification of its termination in such time and in such manner as to afford the Originator a reasonable opportunity to act upon it.

NAME(S) \_\_\_\_\_  
(Please print)

ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

AFFIX VOIDED OR CANCELED CHECK BELOW