



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 OR FAX/EMAIL

65 LAWRENCEVILLE STREET, NORCROSS, GA 30071
TELEPHONE: (770) 448-2122 FAX: **1(678)-802-6466**
Website www.norcrossga.net e-mail: **GGA@norcrossga.net**