The City of Kingsland, GA
105 West William Ave.
P.O. Box 250
Kingsland, GA 31548
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Kingsland
GEORGIA | EST. 1908

Finance Department

Dr. C. Grayson Day, Jr.
MAYOR

Filiz Morrow, CPA, MPA
Director of Finance

ACH BANK DRAFT PAYMENTS SIGN-UP FORM

CUSTOMER INFORMATION

Please Print Legibly

Name: _____ Utility Account No: _____

Service Address: _____

Authorized Signature

Phone No: _____ E-mail Address: _____

FINANCIAL INSTITUTION INFORMATION

MAXIMUM AMOUNT TO BE DRAFTED: $_____ or ☐ Account Balance

Name an Account: _____

Bank Routing/Transit No: _____Account No: _____

Bank Name: _____ Account Type: ☐CHECKING ☐SAVINGS

AUTHORIZATION AND AGREEMENT

☐ I certify that the information above is correct, that 1 am an authorized signer or designate of theaccount provided for ACH transactions, and that 1 am authorized to provide this information.

☐ I am responsible for any fees that may occur if the information that I entered is incorrect or illegible.

☐ I authorize City of Kingsland, Georgia to deduct my utility payments from this bank account via ElectronicFundTransfer. I understand sending a written notification to City of Kingsland will revoke this authorization.

☐ Utility bills are due on the 20th of each month. If this date falls on a weekend or holiday, bills are due the nextbusiness day. I understand all drafts will occur on the billing due date.

☐ City of Kingsland reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Print Name Authorized Signature Date

Mail completed form and voided check to: PO Box 250 Kingsland, GA 31548
or email rsweat @kingslandgeorgia.com or drop off at 105 West William Avenue in downtown Kingsland