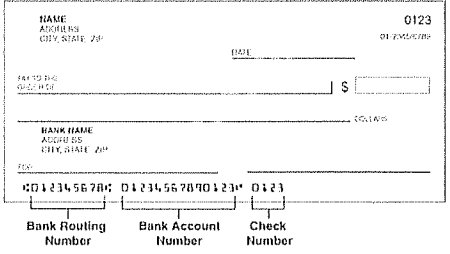


ELECTRONIC CHECK AUTHORIZATION FORM

CUSTOMER INFORMATION		
Customer Name:	TCWSA Account #:	
Physical Address of Meter _____		
Mailing address if different from physical: _____		
Telephone No.	State:	Zip
PAYMENT AUTHORIZATION		
For Electronic Check, please indicate the type of account and enter the Routing number and Account number located at the bottom of your check into the fields below. See example at the right.		
		
Name of Bank: _____		
Type of Account: <input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account		
Routing _____		
Account Number _____		
Check Number (optional) _____		
I authorize the establishment of services from the Towns County Water and Sewer Authority by using this Electronic Check Authorization form. I agree that I will pay for the requested deposits and service fees and hold the Towns County Water and Sewer Authority harmless against any liability pursuant to this authorization. I understand that my written signature or electronic signature on this form will serve as the authorized signature for the electronic check transaction. Drafts will be submitted by the 15th of each month		
Mail forms to: Towns County Water P.O. Box 8 Young Harris GA 30582 or Email to townscountywater@gmail.com		
Print Name:		
Signature: _____	Date: _____	

Directions: Please print the form, complete all required information and return with Service Agreement and Application Form by email or mail.

Please remember to attach a voided check as proof of account information.