

Coosa Water Authority

P.O. Box 804
Blairsville, GA 30514

Application for Automatic Bank Draft
(PLEASE ATTACH A VOIDED CHECK)

State the name of responsible party for the service address stated below:

Applicants full name: _____

Billing Address: _____

Service Address: _____

Contact Phone # _____

Place of Employment (Applicant) _____

Work Phone # _____

In case of emergency notify _____

Phone # 1- _____

I authorize Coosa Water Authority to deduct payment via automatic bank draft with information provided on this form. Please deduct the following.....

Bank Routing number _____ Account number _____

I would prefer to receive my monthly bill via the following method.

_____ US Postal Service at above billing address.

_____ Email at _____ @ _____

Date of Application

Signature of Applicant

Acct# _____