

**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: \_\_\_\_\_

DOB: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Service Adress: \_\_\_\_\_

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.....

\_\_\_\_\_ Fixed Monthly Amount of \$\_\_\_\_\_.

Current Amount Due.

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 \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ Text Message on cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

My cell phone carrier is \_\_\_\_\_ (ex. Verison, AT&T)

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant

Acct# \_\_\_\_\_