



City of Buchanan
4300 Ga Hwy 120
Buchanan, Ga 30113
770-646-3081

I (we) authorize, the City of Buchanan, to initiate debit entries to my (our) checking account indicated below and the bank named below for my (our) monthly water bill.

Customer Account Number : _____

Address : _____

Phone Number : _____

Bank Name : _____

City : _____ State : _____ Zip Code : _____

Bank Routing Number : _____

Account Number : _____

This authority is to remain in full force and effect until THE CITY and BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford THE CITY and BANK a reasonable opportunity to act on it.

Name: _____ Signature: _____

(If Joint Account)

2nd Name: _____ Signature: _____

Date: _____

Please attach a voided check (or a print out from your bank stating your account #) to be used to verify routing and account # information.