



CITY OF WAYNESBORO

"THE BIRD DOG CAPITAL OF THE WORLD"

628 Myrick Street • Waynesboro, GA 30830 • 706-554-8000 • www.waynesboroga.com



APPLICATION FOR UTILITY SERVICES

Name: _____
(Name as it appears on Identification. Driver's License or Picture ID & Social Security Card Required)

Social Security Number: _____ Date of Birth _____
(Must be 18 yrs or older)

Utility Service Address: _____

Billing Address: _____

Telephone # _____ Buying or Renting

Place of Employment _____ Work # _____

Service Requested: Gas Water Sewer Other _____
(Specify the service)

Would you like to sign up for Bank Draft? Yes No If so, please complete the form on back.

Signature of Applicant Date

"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of virtual observation or surname."
RACE: (Mark one or more.)
 White Black/African American ETHNICITY: Hispanic/Latino Not Hispanic/Latino
 American Indian/Alaska Native Native Hawaiian/Other Pacific Islander
GENDER: Male Female
"This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave., SW, Washington, DC 20250-9410."

Office Use Only

Account # _____ Service: Residential Business Other _____

Amount of Deposit: _____ Date paid _____ Cash Check # _____

Other Information: _____

BANK DRAFT

To better serve our customers, the City of Waynesboro is now offering **Bank Drafting**. If you would like your utility payment to be drafted from your account, please complete the form below.

Name(s) on Utility Account

Utility Account Number

Bank Draft

- By participating in the City of Waynesboro Bank Draft, your utility bills will be drafted from your bank account. **AUTHORIZATION AGREEMENT must be completed and returned with a VOIDED CHECK** (No copies of checks, counter checks, or deposit slips).
- Bank Draft Customers will receive a utility notice in the mail monthly. The City of Waynesboro will automatically draft the payment from you checking account on the due date.
- **PLEASE NOTE:** The 1st draft will be a pre-note to verify the banking information. The next month your payment for your utility bill will be drafted from your checking account on the due date.

Authorization Agreement for Bank Draft

I (we) hereby authorize **CITY OF WAYNESBORO**, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the Origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository (Bank) Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until City of Waynesboro has received written notification from me (or either of us) of its termination in such time and in such manner as to afford City of Waynesboro and DEPOSITORY a reasonable opportunity to act it.

Name(s) _____ ID Number _____

Date _____ Signature(s) _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.