Certified City of Ethics

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** □ **Solid Waste**

□ **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: _____
_____
_____

CITY OF WAYNESBORO

"THE BIRD DOG CAPITAL OF THE WORLD"

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

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 your 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.