

# City of Molena

10 Spring Road  
Molena, Ga 30258  
770-884-9711

## DEBIT AUTHORIZATION

I (we) hereby authorize City of Molena, hereinafter called "COMPANY" to initiate electronic debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION", I (we) acknowledge that ACH transactions I (we) authorize must comply with all applicable law. In the event of an erroneous or duplicate entry, I hereby authorize COMPANY to credit my account indicated below to correct any error made.

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Financial Institution

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Financial Institution Address

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Routing Number

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Account Number

Type of Account:                      Checking ☐   ☐ Savings

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Varying amount determined by monthly water bill

Amount of debit(s) or method of determining amount of debit(s)

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Monthly on the 15th

Date(s) and/or frequency of debit(s)

This authorization is to remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to terminate this authorization in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

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Print or Type Individual Name

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Signature

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Date