

FULTON COUNTY FINANCE DEPARTMENT WATER & SEWER BILLING AND COLLECTIONS DIVISION

141 Pryor St, Suite 7001, Atlanta, GA 30303 Phone: (404) 612-6830 Fax: (404) 612-2131 Email: ACHSignup@fultoncountyga.gov

AUTO BILL PAY/ACH (AUTOMATIC CLEARING HOUSE) FORM

New Enrollment

Change in Financial Institution

Eulton County Water/Sower Account Information

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N ame [
(as shown on the bill)					
1	LAST Name, First Name, Mic	Idle Initial			
Service Address					
l		Street Address		City	State Zip Code
Customer Number			Account Number		
Primary Phone		Sec	ondary Phone		
Email					
Financial Instit	cution Informat	tion			
ame on the Financial					
Institution Account	LAST Name, First Name, Mi	ddle Initial			
Financial Institution					
Name					
Financial Institution					
Address					
ı		Street Address		City	State Zip Code
Routing Number			Ye 12: An	ur Name 3 Any Street ytown, GA 30303	Date 1001
l				Y TO THE RDER OF	\$
Account Number				~~//	APLE DOLLARS
			BA Ba Att	NK NAME nk Address anta, GA 30303	"LF
Type of Account			Me	uno:	
(check one):	Checking	Savings	[127	121301028: 000111222333 100	<u>)1</u>
				Routing Account Che	
Г		I UNDERST	AND THAT:	Number Number Num	
I must supply Fulton Cour	nty with a voided check o			to cancel my participatio	on in the DIRECT PAYMENIT
 I must supply Fulton County with a voided check or deposit slip. I must sign this form for my application to be processed. 			• I have the right to cancel my participation in the DIRECT PAYMENT PLAN by notifying Fulton County in writing and by giving Fulton		
Fulton County will send					sonable amount of time to
The bill amount will be d	•		process my red	uest.	
, ,	e due date shown on the b				n reserve the right to end my
 There will be a processing charge, if my direct payment is not processed due to insufficient funds. 			participation in the DIRECT PAYMENT PLAN. I will be notified in writing following termination.		

enclosed a voided check from my account at my banking institution. I have read and agree to the terms of the plan. I have signed the application below.

Date mm/dd/yyyy **Printed Name Signature**

- Print and sign the application;
- Scan and email the documents to ACHSignup@fultoncountyga.gov; or
- Fax it to (404) 612-2131; or
- Drop off in person at: o 11575 Maxwell Rd, Alpharetta, GA 30009; or
 - o 141 Pryor St SW, 7th Floor, Atlanta, GA 30303.