



Automatic Draft Application			
Name			
Account Number			
Service Address			
Mailing Address			
Home Phone Number		Cell Phone Number	
Email			

Financial Institution Information	
Name of Financial Institution (Bank)	
Routing Number	
Checking Account Number	

I (we) hereby authorize The City of Canton to automatically charge my bank account the total due on my City of Canton Utility Statement on the due date of each month. NOTE: Continue to make your monthly payment until you see the "Bank Draft" message on the front of your statement indicating that Automatic Draft Services have been activated. Activation may take up to two billing cycles. Please include a **VOIDED CHECK**.

Customers Signature _____ Date _____

Print Name _____

PLEASE RETURN THIS FORM AND VOIDED CHECK TO:

City of Canton Utilities
110 Academy Street
Canton, GA 30114
770-704-1502
water@cantonga.gov