



AUTOMATIC BANK DRAFT APPLICATION

Customer Name _____ Utility Account # _____

Address _____ Social Security # _____

Home Telephone # _____ Work Telephone # _____

Name of Financial Institution _____

Bank Account # _____ Type of Account checking savings

Bank Routing # _____

Bank Telephone # _____

City _____ State _____ Zip _____

I hereby authorize the City of Hinesville and my prospective bank to draft my account on the 10th day of each month in order to pay my monthly water bill.

Utility Account Holder's Signature _____

Date _____

Attach a voided check from your financial institution and return this form to:

**City of Hinesville Water Dept.
115 E. ML King Jr. Dr.
Hinesville, GA 31313**

If the City of Hinesville receives notice that a customer has insufficient funds to cover a debit payment, the insufficient funds and penalty regulations of the City of Hinesville will apply. If the customer has more than one insufficient funds event in a 12 month period, the customer will no longer be eligible for this service.