

CITY OF MCCAYSVILLE
WATER & SEWER SERVICE
Direct Draft Form
PO BOX 6
MCCAYSVILLE, GA 30555

ACCOUNT INFORMATION

NAME ON UTILITY ACCOUNT

WATER SERVICE ACCOUNT NO.

CUSTOMER PHONE NUMBER

BANK NAME

ROUTING NUMBER _____

ACCOUNT NUMBER _____

CHECKING ACCT. _____

SAVING ACCT. _____

I hereby authorize the CITY OF MCCAYSVILLE WATER & SEWER DEPARTMENT to DEBIT the account listed above. Attached is a voided check for the checking account, or a deposit slip for the savings account designated above.

SIGNATURE

DATE

ATTACH VOIDED CHECK BELOW!!!!