## AUTHORIZATION FOR AUTOMATIC PAYMENT OF SANITATION BILLING

I HEREBY AUTHORIZE THE City of Alpharetta to debit my account and, if needed, to debit or credit my account for adjustments made to correct my account. I request that all transactions be made to the account selected below:

❑ Checking account ❑ Savings account

for payments due on my (our) Sanitation Account

My Account information is listed below:

Account Holder(s) Name(s):_____

Billing Address:_____ Account Number:_____

My Bank information is listed below:

Bank Name:_____

Account Number:_____ Bank Transit (ABA) Number:_____

This authority will remain in effect until the City of Alpharetta has received written notification from me of its termination.

Signed:_____ Dated:_____

PLEASE SIGN THIS APPLICATION, ATTACH A VOIDED CHECK AND MAIL TO:
CITY OF ALPHARETTA; FINANCE DEPARTMENT, 2 PARK PLAZA; ALPHARETTA, GA 30009. ANY QUESTIONS CALL 678-297-6060.