



City of Winder

DRAFT AUTHORIZATION

Bill Account #: _____

Customer Name: _____

Customer Address: _____

Phone Number: _____

I hereby authorize the City of Winder to debit my checking/savings account monthly to pay my utility bill.

Bank Name: _____

Bank Routing #: _____

Bank Account #: _____

OR

I hereby authorize the City of Winder to debit my credit or debit card monthly to pay my utility bill.

Credit/Debit Card #: _____

Expiration Date: _____

Signature: _____

Date: _____

Thank you for choosing to have your utility payment drafted. This process takes one (1) month to complete. You will need to pay your next bill like normal. Please attach a voided check, if applicable. You may also fax a copy of this form and your voided check to 770-307-0424.