



City of Winder

AUTO DRAFT AUTHORIZATION

Account Number: _____

Customer Name: _____

Customer Address: _____

Phone Number: _____

I hereby authorize the City of Winder to debit my checking account monthly to pay my utility bill. **Please attach a voided check and email to customer.billing@cityofwinder.com**

Bank Name _____

Bank Routing # _____

Bank Account # _____

Signature: _____

Date: _____

Thank you for choosing to have your utility payment drafted. This process may take up to (1) month to complete. Please use one of our other payments options, during this time.

To Cancel a Draft: a request must be made 72 hours prior to the draft date. Request may be sent to customer.billing@cityofwinder.com or 770-867-3106