



City of Lookout Mountain
1214 Lula Lake Road
Lookout Mountain, GA 30750

ACH AUTHORIZATION FORM

I (we) hereby authorize **THE CITY OF LOOKOUT MOUNTAIN, GA** to initiate entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until **THE CITY OF LOOKOUT MOUNTAIN, GA** is notified by me (us) in writing to cancel it in such time as to afford **THE CITY OF LOOKOUT MOUNTAIN, GA** and the financial institution a reasonable opportunity to act on it.

*Your bill will state **Account will Draft on Due Date** in top right corner.

(Name – PLEASE PRINT)

(Sewer Account Number)

(Service Address – PLEASE PRINT)

(Billing Address, if different from Service Address – PLEASE PRINT)

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, & Zip Code)

(Signature)

(Date)

Checking / Savings (Circle One) Account Number: _____

Financial Institution Routing Number: _____

PLEASE ATTACH A VOIDED CHECK TO SET UP BANK DRAFT

FOR OFFICE USE ONLY

Posted: _____

Prenote Sent: _____