

City of Kinggold

150 Tennessee Street Ringgold, GA 30736

Office (706) 935-3061 Fax (706) 965-7446

Automatic Bank Draft Enrollment Form

(City of Ringgold, Ga. Water Dept.)

Please Print Clearly or Type

I (we) authorize the City of Ringgold and the financial institution shown below to automatically debit the bank account shown below for payment of all bills issued. I understand that it is my responsibility to notify the City of Ringgold, in writing, if I change banks or account numbers. This authorization will be in effect until either party gives written notice to the other of termination. I understand my notice of termination must be received in time to have reasonable opportunity to act.

Customer:	City of	_ City of Ringgold Acct. #:				
Home Phone:	ne:			_ Work Phone:		
Account Type: Checking	_ Savings Bank Acct. #					
Bank Name:	Routing #:					
Customer's Mailing Address:				 		
City:		State:		Zip:		
Signature:		C	Date Signed:			
Mail completed enrollme	nt form to:					
Attn: Customer Service City of Ringgold Water D PO Box 579	ept.					

IMPORTANT: Attaching a voided check is strongly recommended.

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Questions? Call: 706-935-3061