

**Automatic Withdrawal Authorization Form**

**City of Dalton**

**Please complete the information below:**

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorizes THE CITY OF DALTON, GEORGIA to automatically withdraw from the undersigned’s bank account or charge the undersigned’s credit card, as indicated below, in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for payment of fees and deposits related to Special Permit Application.

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checking/ Savings Account Credit Card**

|  |  |  |
| --- | --- | --- |
| Checking  Savings  Name on Acct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  check_crop |  | Visa  MasterCard  Amex  Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_ |

SIGNATURE DATE

The undersigned understands that this authorization will remain in effect until the undersigned cancels it in writing, and the undersigned agrees to notify THE CITY OF DALTON, GEORGIA in writing of any changes in the undersigned’s account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, the undersigned understands that the payments may be executed on the next business day. For ACH debits to checking/savings account, the undersigned understands that because these are electronic transactions, these funds may be withdrawn from the account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) The undersigned understands that THE CITY OF DALTON, GEORGIA may at its discretion attempt to process the charge again within 30 days, and agrees to an additional $30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. The undersigned acknowledges that the origination of ACH transactions to the account must comply with the provisions of U.S. law.  The undersigned certifies that the undersigned is an authorized user of this credit card/bank account and will not dispute these scheduled transactions with the bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.