



CONSUMER DEBIT AUTHORIZATION

Please complete the following to enroll in automated bill payment for your Acworth Power service.

Name (as shown on your bill) _____

Account Number (as shown on your bill) _____

Service Address _____

City/State/Zip _____

Daytime Phone # _____

Please deduct my Automated Bill Payment from my account:

Name of Bank/Savings & Loan/Credit Union _____

Type Account

Your Bank's Routing Number _____

Checking _____

Savings _____

Account Number _____

I authorize Acworth Power to deduct my utility payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify Acworth Power in writing at the following address: Acworth Utilities
PO Box 636
Acworth, Georgia 30101

Signature _____ **Date** _____

**Note: Enclose a voided check or savings deposit slip with this form.
Save the attached copy for your records.**