PAYMENT OPTIONS:

You have several options to pay your bill:

-Bank Draft Option-Complete form below

Automatic Bank Draft benefits: Save Time, Checks, Postage, FREE!

You will continue to receive a bill to see your charges & consumption

If you change or close your bank account, a new form is needed to re-establish

Credit Card Payment through our Website:

www.hiawasseega.gov

- Credit Card Payment over the phone:

1-888-514-9825

- Check Payable/Mailed to City of Hiawassee:

50 River Street Hiawassee, GA 30546

-- In our office at same address:Monday – Friday 8:30AM – 4:00PM

- <u>Drop Boxes</u> located behind City Hall
 East side of Building and Next to Front Door
- All meters will be read on/about the 25th of every month.



CITY OF HIAWASSEE

50 River Street
Hiawassee, GA 30546
706-896-2202
www.hiawasseega.gov

- If there is a discrepancy, our office is available to assist you at 706-896-2202
- If payment is not received by the 20th, a 10% penalty will be added.
- \$35 Return Check/Charge-Back Draft Fee
- Cut-Off/Non-Payment Fees:
- \$25 First Offense-Reconnect
- \$35 Second Offense-Reconnect
- \$45 Third Offense-Reconnect
- \$75 and Additional deposit after 3rd offense



THANK YOU FOR YOUR BUSINESS!

We realize that time is of the essence and most valuable. The Automatic Bank draft option is time saver for all involved. Instead of writing checks, save time and money by signing up for this option!

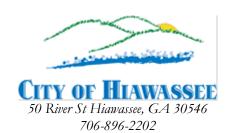
Should you have any questions regard this or any other utility related issue, please do not hesitate to contact our office.

Our Office hours are Monday – Friday 8:30 to 4PM









706-896-4991 www.hiawasseega.gov

Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from an account for the purpose of making a payment.

payment.			
Check one:	□ Begin Payment		Change Information
	the City of Hiawassee to ele edit my (our) account to		my (our) account and, if necessary, to debits as follows:
	DEPOSITORY"). I (we) agr		the depository Financial Institution sactions I (we) authorize comply with
Depository name	e:		
Routing number:		Accou	nt number:
Name(s) on the	account:		
Debit transaction	n frequency:		
□ Multip H □	e Entry (one-time payment ple Entries (multiple entri How will subsequent Entrie Telephone Internet	ies that may not odes be allowed?	ccur at substantially regular intervals)
affirmativ	•	City of Hiawass	lly regular intervals, without further see will debit your account
Date of debit (if S	Single Entry) or date of fir	st debit:	
Number of and/	or frequency of debits: _		
Authorized debi	it amount (or method for	r determining amou	unt):
I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Hiawassee in writing, by phone or in person at City Hall 50 River Street Hiawassee, GA that I (we) wish to revoke this authorization. I (we) understand that the City of Hiawassee requires at least 7 days prior notice in order to cancel this authorization.			
Name(s):			
		(Please Print)	
Date:	Signature(s):		