

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

- **Drop Boxes** 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.



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





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.

Check one: ☐ Begin Payment ☐ Change Information

I (we) authorize the City of Hiawassee to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

☐ Checking Account / ☐ Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository name: _____

Routing number: _____ **Account number:** _____

Name(s) on the account: _____

Debit transaction frequency:

- ☐ **Single Entry** (one-time payment)
- ☐ **Multiple Entries** (multiple entries that may not occur at substantially regular intervals)
How will subsequent Entries be allowed?
- ☐ Telephone
- ☐ Internet
- ☐ Other: _____

☐ **Recurring Entries** (entries that recur at substantially regular intervals, without further affirmative action by the Receiver) **City of Hiawassee will debit your account monthly on or about the 20th of the month.**

Date of debit (if Single Entry) or date of first debit: _____

Number of and/or frequency of debits: _____

Authorized debit amount (or method for determining amount): _____

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): _____