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|  | <p>Town of Mt. Airy P.O. Box 257 869 Dicks Hill Parkway Mt. Airy, GA 30563 Phone: (706)778-6990 Fax: (706)776-3976</p> | <p>Bank Draft Authorization</p> |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|

I, _____ authorize the Town of Mount Airy
To bank draft my monthly water/garbage/fire protection charges issued under my
Water account number _____, in the name of _____
These charges are to be deducted from my bank (name) _____
Account number _____, on the date water statements are
issued and my water account will be credited with the draft payment.

Signature Date

ATTACH VOIDED CHECK

| |
|-----------------------|
| Office Use: |
| |
| Authorized Signature: |
| |
| Date Received: |