

CITY OF BUFORD  
CHANGE/CANCEL  
DIRECT PAYMENT AUTHORIZATION AGREEMENT

I/We hereby authorize the City of Buford to initiate a charge to my/our bank account at the financial institution listed below, and to initiate any adjustments (if necessary) for any transaction debited or credited in error. **This authority shall remain in effect until the City has been notified by me/us in writing to cancel such authorization and to afford the financial institution a reasonable opportunity to act on same.** A voice mail or phone message is not sufficient to cancel direct payment.

I/We further agree to indemnify the City of Buford from any liability arising from the operation of this agreement except the City shall reimburse me/us for all sums improperly debited from the account and credited to the City of Buford.

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Customer Name(s): \_\_\_\_\_  
(all names appearing on account)

Account Address: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Bank Acct No.: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Names on account: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Please attach copy of voided check**

**\*\*\* Allow one full billing cycle for change or cancellation to be processed**

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**END DIRECT PAYMENT**

**EFFECTIVE DATE \_\_\_\_\_ PLEASE CANCEL ENROLLMENT**

**CANCELLATION OR CHANGE SHOULD BE DIRECTED TO:**

City of Buford  
Attn: Tara Ammons  
2300 Buford Highway  
Buford, Georgia 30518

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Customer(s) Signature

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Date