

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.

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**

END DIRECT PAYMENT

EFFECTIVE DATE _____ PLEASE CANCEL ENROLLMENT

CANCELLATION OR CHANGE SHOULD BE DIRECTED TO:

City of Buford
Attn: Lou Ellen Heard
2300 Buford Highway
Buford, Georgia 30518

Customer(s) Signature

Date