



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)

City of Buford account number: _____

Account address: _____

Name of Financial Institution: _____

Bank Account No: _____ Soc. Sec #: _____

Names on account: _____

Phone Number: _____

_____ Please check here to change the bank account for Direct Payment Authorization
*****Please attach copy of voided check – COUNTER CHECKS ARE NOT ACCEPTED**

_____ Please check here to completely cancel the Direct Payment Authorization

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

Cancellation or inquiries should be directed to:

City of Buford
Attn: TARA AMMONS
2300 Buford Highway
Buford, Georgia 30518
678-889-4600

_____ Date: _____
Customer(s) Signature