

DEBIT AUTHORIZATION FORM
DOOLY COUNTY COMMISSIONERS
GARBAGE FEE BANKDRAFT

I hereby authorize the Dooly County Commissioners to initiate entries to my checking account at the Financial Institution listed below, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the Dooly County Commissioners are notified by me in writing to cancel it in such time to afford the Dooly County Commissioners and the Financial Institution a reasonable opportunity to act on it.

Debit Amount: _____ Garbage Account Number: _____

Name of Financial Institution: _____

Financial Institution's City/State: _____

Checking Account Number: _____

Financial Institution Routing Number: _____

Signature: _____ Date: _____

Name (please print): _____

Mailing Address: _____

(Please attach a voided check.)

Return this form to: Dooly County Commissioners
113 N. Third Street, Room #1
Vienna, GA 31092
229-268-4228
www.doolycountyga.com