CEDARTOWN GEORGIA

Account #: _____

UTILITY SERVICES ACCOUNT UPDATE

201 East Avenue Cedartown, Georgia 30125

ph: (770) 748-3220 f: (770) 748-8962

Date: ____/_____/_____

CUSTOMER INFORMATION

Please use current information as listed on your account

Name: _____ Phone: (_____) _____ - _____

Address: _____ Email: _____

_____

ACCOUNT UPDATES

Select all that apply

☐ Set-up or Cancel Automatic Drafts

I _____ **DO** _____ **DO NOT** authorize the City of Cedartown to automatically draft my bank account for the payment of my monthly utility bill beginning ____/_____/_____.

Financial Institution: _____ Phone #: (_____) _____-_____

Account #: _____ Routing #: _____

I understand that my automatic payments will not go into effect for the first two (2) billing cycles, and I am responsible for ensuring the amount due is paid. _____ **INITIAL**

☐ Opt-in or Waive Leak Protection

The City of Cedartown offers residents and businesses the option to opt-in for leak protection. If you decline this service, you will be solely responsible for any fees or overages resulting from leaks.

By initialing below, I attest that I am the account holder and I am voluntarily choosing to: *(Choose One)*

_____ ACCEPT LEAK PROTECTION
Initial *Residential $3.00/ month*
Commercial $10.00/ month

_____ DECLINE LEAK PROTECTION
Initial *Applicant is NOT eligible for any leak adjustments*

I understand that I am solely responsible for payment of all water/sewer bills for my account and if I choose to CANCEL leak protection that I am NOT ELIGIBLE for any leak adjustment(s) due to leak(s) that occur at my residence and/or business. _____ **(INITIAL)**

☐ Update Contact Information

Name: _____ Phone: (_____) _____ - _____

Address: _____ Email: _____

I wish to receive account notifications (excluding monthly bill) via: *(select one)*

_____ Phone (_____) _____-_____ **Initial**

_____ Text (_____) _____-_____ **Initial** *Message & Data Rates May Apply

☐ Other

CONFIRMATION OF ACCOUNT HOLDER

I, _____, HEREBY AUTHORIZE THE CITY OF CEDARTOWN TO MAKE THE ABOVE CHANGES TO MY UTILITY SERVICES ACCOUNT. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES INCURRED DUE TO ACCOUNT UPDATES. I HAVE BEEN PROVDED WITH A COPY OF THE CITY OF CEDARTOWN'S BILLING POLICIES AND PROCEDURES.

_____ _____/_____/_____

ACCOUNT HOLDER ***DATE***