



NEWTON COUNTY WATER & SEWERAGE AUTHORITY

AUTOMATED BILL PAYMENT ENROLLMENT

Name (as shown on your bill) _____

Service Address _____

City/State/Zip _____

Daytime Phone# _____

Please deduct my Automated Bill Payment from my account:

Name of Bank/Savings & Loan/Credit Union _____

Type of Account:

Checking Routing Number _____

Account Number _____

Savings Account Number _____

I authorize the Newton County Water & Sewerage Authority to deduct my utility payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify the Newton County Water & Sewerage Authority in writing at the following address:

Newton County Water & Sewerage Authority
P. O. Box 1137
Covington, Ga. 30015

Signature: _____ Date: _____

Note – Enclose a voided check with this form.
Save the attached copy for your records.