



UTILITY SERVICES BANK DRAFT REQUEST

City of Smyrna

2800 King Street, Smyrna, GA 30080
Office (678) 631-5538 | Fax: (770) 319-5334
Email: water@smyrnaga.gov

Date Requested: _____

Customer Name: _____

Contact Phone #: _____

Address: _____

Smyrna Account #(s): _____

I, hereby, authorize the City of Smyrna to draft my utility payment from my Banking institution.

Bank Name: _____

Address: _____

Routing #: _____

Account #: _____

Signature: _____

Date: _____

* Please attach a copy of a void check when submitting this form.

* Please make a copy for your records.

* Please contact the office at least 2 weeks before the bill due date if you would like to update your bank draft information.