CLAYTON COUNTY WATER AUTHORITY

Draft Payment Plan

Customer Name _____

Street Address _____

City & Zip _____

Home Phone (___) _____ Work Phone (___) _____

CCWA Account Number _____

Banking Institution _____

Bank Account Number _____

Please Check One Checking ____ Savings ____

I authorize Clayton County Water Authority to automatically draft my bank account for payment of my monthly bill.

I have enclosed a voided check from my banking institution.

Signature _____ Date _____

Please mail completed form to:

Clayton County Water Authority
1600 Battle Creek Road
Morrow, Georgia 30260-4302