



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.