

Payment Request Form	
Owner Name: DEKALB COUNTY	
LIMS Project & Parcel: <u>2025040182-014</u> , <u>2025040211-011</u>	
Agent Name: ERIC LOVVORN	
Payment Amount: \$2,750.00	
Verified By:	
Payment Options (Select one – Check or Zelle)	
□ Check Payable To:	
Street Address:	
City, State & Zip:	
Phone No:	
□ Zelle Electronic Payment (Owner must provide ALL information below associated with Zelle account) *PLEASE ENSURE YOUR INFORMATION IS LEGIBLE AND ACCURATE.	
Street Address:	
City, State and Zip:	
U.S. Mobile No. <u>associated with Zelle Account</u> : E-mail Address <u>associated with Zelle Account</u> :	
By selecting one of the above options, I hereby authorize payment by the chosen method.	
 By selecting the first option, I understand that a paper check will be processed and delivered by Federal Express to me at the street address provided within 2-4 weeks. By selecting the second option, I understand that a notification message will be sent via e-mail or text message to my e-mail address or U. S. mobile phone number with instructions for completing the electronic payment process from Bank of America to my bank account. This should be processed within 2-4 business days. Further, if my e-mail address or U.S. mobile number is not currently enrolled with the Zelle payment system, I understand that I am responsible for associating the provided notification method with my bank account by following the instructions in the notification message and/or contacting my bank for assistance. By selecting Zelle Electronic Payment option, I understand that it is my responsibility to provide accurate information, above, for the Zelle payment. Georgia Power Company is not responsible for reissuing funds that have been inaccurately delivered due to incorrect information provided by the owner. Prior to processing payments of \$600.00 or more, I also understand that I must complete an IRS-required Form W-9 to collect information which Southern Company will report according to law. All parties required 	
to sign the associated easement(s) must also sign below with a	
Owner's Signature:	Date:
Owner's Signature:	Date:

FOR ZELLE PAYMENTS, PLEASE CONFIRM THE PHONE NUMBER/EMAIL ADDRESS THAT IS ASSOCIATED WITH YOUR ZELLE ACCOUNT: