



HAINES CITY

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Authorization Agreement for Utility Automatic Payments

I hereby authorize the City of Haines City to initiate debit entries and to initiate, if necessary, credit entries and adjustments for debit entries in error to my (our) Checking or Savings account indicated below and the financial institution named below, hereinafter called "Depository", to debit and/or credit the same to such account.

PLEASE ATTACH A VOIDED CHECK

Financial Institution: _____

Branch: _____

Address: _____

City: _____

State: _____ Zip: _____

Transit/ABA No: _____

Account No: _____

The utility account information is as follows:

Utility Account Name: _____

Utility Account Number: _____

Utility Service Address: _____

Contact Phone Number: _____

Contact E-Mail Address: _____

This authorization is to remain in full force and effect until one of the following occurrences:

1. The City receives written notification from me (or either of us) of its termination in such time (minimum 1 week) and in such manner to afford the City and the financial institution named above a reasonable opportunity to act on it.
2. The City received two (2) non-sufficient fund notices from the bank in any twelve (12) month period. In this situation, the customer will be notified by the city of the NSF notices, charged the applicable NSF fee and be placed on a cash basis for paying City utility bills.

Name: _____

Signature: _____

Signature: (*) _____

Date: _____

(*) Two signatures required for accounts in joint names.