



AUTHORIZATION AGREEMENT FOR AUTOMATED BILLING (ACH DEBIT)

NAME: _____
(Please Print)

UTILITY CUSTOMER ACCOUNT NUMBER: _____

CITY OF WINTER PARK

401 Park Avenue South

Winter Park, Florida

32789-4386

UTILITY BILLING

P 407.599.3220

F 407.599.3280

I hereby authorize the **City of Winter Park**, hereinafter called **Company**, to initiate debit entries and to initiate if necessary credit entries and adjustments for any debit entries in error to my checking or savings account (*select one*) indicated below and the depository (*bank of my choice*) named below, hereinafter called **Financial Institution**, to debit and/or credit the same to such account.

We will be happy to complete the necessary information listed below using your voided check, except your social security number and phone number, unless this information is listed on your check.

FINANCIAL INSTITUTION BRANCH: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TRANSIT/ABA NUMBER: _____
(A Voided check MUST be attached)

CHECKING ACCOUNT NUMBER: _____

SAVINGS ACCOUNT NUMBER: _____

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

This authority is to remain in full force and effect until Company has received written notification from me of its cancellation in such time and such manners as to afford Company and Financial Institution a reasonable opportunity to act on it.

The City of Winter Park must be contacted immediately upon any bank name changes, routing number or account information changes to prevent returns on payment requests.

DATE: _____

SIGNATURE: _____