

Authorization Agreement For Pre-Authorized Checking (Debits)

Terms of Agreement

I hereby authorize the City of Gulf Breeze, as my agent, to automatically debit my bank account for payment of all utility bills issued by the City of Gulf Breeze. I understand I must notify the City of Gulf Breeze promptly upon receipt of my bill of any dispute regarding the amount of the bill. This authority is to remain in effect until the City of Gulf Breeze has received written notification from me of its termination in such time and in such manner as to afford the City of Gulf Breeze and the depository institution a reasonable opportunity to act on the request.

I understand the City of Gulf Breeze may impose a processing fee if the draft is not paid by my bank due to insufficient funds or my account being closed, and that I remain personally liable for the amount of my bill in such event. The City of Gulf Breeze has the right to discontinue Pre-Authorized Checking if any two or more deductions are not honored.

Name: _____
(Please Print)

Service Address: _____

Mailing Address if Different: _____

City: _____ State: _____ Zip: _____

Account No. as shown on utility bill: _____

Name of Bank: _____

Bank Transit ABA No. and Bank Account No.
(Numbers shown on the bottom of the check): _____

Name as shown on Bank Account: _____ Will this bill be paid from: Checking Savings

Signature: _____ Date: _____ Phone: _____
(Daytime)

Please sign, date, attach voided check and return this Agreement to the City of Gulf Breeze

Office Use Only

Received:	Coded	Cycle/Route	Begins
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