



AUTHORIZATION AGREEMENT FOR AUTO DRAFT PAYMENTS

City of Clearwater

Federal I.D. # 48-6003458

I hereby authorize the City of Clearwater, hereinafter called COMPANY, to initiate debit entries to my account indicated below at the financial institution named below hereinafter-called FINANCIAL INSTITUTION, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name Branch

City, State, Zip

_____ _____ Checking Savings
Account Number Routing Number

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Service Address

_____ _____
Cell Phone # Home Phone #

Name (Please Print)

_____ _____
Signature Date

- Your bill will automatically be deducted from your bank account on the due date.
- Continue to pay your bill in the usual manner until the following message appears on your bill:
"AUTO DRAFT – DO NOT PAY".
- If there are insufficient funds in your bank account on the due date, a \$25.00 return fee will be charged and you will be required to pay the balance of the utility bill plus the return fee with another form of payment.
- Fill out this form and return to City Hall at 129 E. Ross.