



CITY OF DELRAY BEACH
UTILITY BILLING AUTOMATIC BILL PAY
AGREEMENT

Authorization Agreement for Automatic Withdrawals (ACH Debits)

Please complete all information and sign below.

Note: You must pay this month's bill as usual. All future bills will be marked "**Bank Draft - Do Not Pay**".

Payment will be drafted on the due date of the current bill.

A. New account for bank draft? YES NO

B. Existing accounts: Please check the changes that are being made.
 New Address New Bank Account Cancel Bank Draft Payments

C. I (we) hereby authorize the City of Delray Beach to debit my account each billing cycle for the amount of services billed on my utility account. I also authorize my financial institute identified below to debit same amount from my bank account. I (we) understand that once a bill is processed that I cannot stop the automatic payment for that particular billing unless I notified the City's Customer Service Division in "Writing" no less than fifteen (15) business days before the due date. I understand that I will be charged an insufficient fund fee by the City is applicable. The City will remove my account from ACH draft if two (2) insufficient fund notifications occur within a consecutive twelve (12) month period. Upon removal, I will be ineligible to participate in ACH draft for the next 12 months. I also agree to notify the City in "Writing" if I change banks or if my banking account number changes. I understand that there will be a charge to me for each payment that cannot be processed due to insufficient funds, closed account, etc. _____ Initials

CUSTOMER-ACCOUNT NO.: _____

ACCOUNT HOLDER(S) NAME: _____

APPLICANT NAME: _____

SERVICE ADDRESS: _____ Delray Beach, FL 33444

TELEPHONE NO.: _____

EMAIL ADDRESS: _____

FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION ADDRESS: _____

_____ City State Zip Code

ROUTING NO.: _____

BANK ACCOUNT NO.: _____

***Please provide a voided check and a copy of your driver's license.* For commercial accounts a letter on company letterhead authorizing said representative to enter into this bank draft agreement is required.* _____ (initial)**

AUTHORIZED SIGNATURE: _____ DATE: _____