



City of Gulf Breeze

Authorization Agreement for Pre-Authorized Checking (Debits)

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: _____

Service Address: _____

Mailing Address (if Different): _____

City: _____ State: _____ Zip: _____

Utility Account Number: _____

Name of Bank: _____

Bank Transit ABA Number (Routing Number): _____

Bank Account Number: _____

Name as Shown on Bank Account: _____

Will this be paid from: _____ Checking _____ Savings

Signature _____ Date _____ Daytime Phone _____

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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