



**AUTHORIZATION AGREEMENT FOR ACH DEBITS
(PLEASE ATTACH VOIDED CHECK
OR SAVINGS DEPOSIT SLIP)**

Account Holders Name

Utility Account Number Cycle / Route #

Service Address

Account Holder Phone # Alternate Phone #

(We) hereby authorize The City of Sebring Utilities Department, herein after called CITY, to initiate debit entries and/or correction entries to our (Please select one) Checking (P)Savings (Q)

This authorization is to remain in full force until CITY has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford CITY and DEPOSITORY reasonable opportunity to act upon it. The CITY also retains the right to discontinue this service at any time for any reason with reasonable notification provided to the customer.

Print Name Date

Signature

Print Name Date

Signature

Email Address

I understand that I have signed up for automatic bank drafting for payment of my monthly utility bill. I further understand that the first bill following the initiation of my bank draft or any change to my bank draft information will not be drafted because this period is used to test the accuracy of the information provided. The next payment will draft 10 days from the bill date.

Initial _____

PLEASE CALL US IF YOU HAVE ANY QUESTIONS 471-5112 -THANK YOU