

AUTHORIZATION AGREEMENT FOR AUTOMATED BILLING (ACH DEBIT)

Name _____ Customer ID Number _____
(Please print) (City of Winter Garden)

I hereby authorize the City of Winter Garden, hereinafter called the City, to initiate debit entries and to initiate if necessary credit entries and adjustments for any debit entries in error to my checking or savings account as indicated below and the depository (bank of my choice) named below, hereinafter called Financial Institution, to debit and/or credit the same to such account.

We will be happy to complete the necessary information listed below using your voided check, except your social security number and phone number, unless this information is listed on your check.

Financial Institution Branch _____

City _____ State _____ Zip Code _____

Transit/ABA No. _____

Checking Account No. _____
(A voided check must be attached)

Savings Account No. _____
(A savings withdrawal slip must be attached)

Social Security No. _____

Home No. _____ Work No. _____

This authority is to remain in full force and effect until the City receives a written notification from me of its cancellation in such time and such manners as to afford the City and the Financial Institution a reasonable opportunity to act on it.

Date _____

Signature _____