City Of Macclenny

Utility Bill Automatic Draft Authorization

Customer Information:		
Last Name	First	Middle
Utility Account Number		
Is this a change to an existing draft?	Yes _____	No _____
Bank Draft Information:		
Bank Name:		
City and State of Bank:		
Account Number to be drafted:		
Circle One:	Checking	Savings
Routing and Transit No. of Bank Account		

I authorize you, City Of Macclenny, to charge My Checking/Savings account for all payments due on the above account. I will continue making regular payments until I receive confirmation notifying me of the first draft date. You may continue to charge the account until I provide you with a written notice of cancellation. I agree that a 10-day written notice must be given prior to discontinuance of my bank draft.

I understand and agree that if a payment due date falls on a non-business day, the payment amount will be debited from the account and credited as a payment on the next day you are open for regular business.

I further understand and agree that if a debit is returned for any reason, you may choose to suspend further efforts to debit my account, at which time I will be responsible for satisfying the payment, insufficient funds charges , and all subsequent payments due, until such time as all payments are made current. At your option and sole discretion, you may resume charging the account without further instruction from me once all payments are current. In the event that you do not resume charging to the account, you will notify me in writing that this authorization has been canceled. Such cancellation of this authorization does not excuse me from making timely payments under the terms of this agreement.

_____
Customer Signature and Date

_____
City Of Macclenny Representative Signature

Return form to:
City Of Macclenny
118 E. Macclenny Ave.
Macclenny, FL 32063

Internal Mail Code
Utilities Department

Please enclose a voided check from the account to be drafted.