



Pre-Authorized Payment (ACH) Service Authorization Agreement

I _____ authorize the City of Apopka and the financial institution listed below to electronically direct debit my account specified below for my utility payment. **You must attach a voided check in order to process your request.** All direct debit payments will be due and processed by the due date stated on your water bill.

Bank Name

Branch Location

City

State

Zip

Bank Transit/ABA Number

Name on Utility Account

Bank Account Number

Utility Account Number

Home Phone Number

Service Address

This authorization will remain in full force and effect until the City of Apopka has received written notification of its termination in such time and in such manner as to afford the City of Apopka reasonable opportunity to act on it. A copy of this authorization will be provided, upon request. If a direct debit is returned for any reason, the City will assess a \$25.00 returned item fee. Please continue to pay your utility bill until your bill indicates the direct debit program has been established.

Signature

Date

Printed Name

Please return this completed form to the City of Apopka utility billing office or mail to:
Utility Billing Division
P.O. Box 1188
Apopka, FL 32704-1188