SUBMIT

City of Umatilla Florida

Authorization Agreement for Automatic Bill Payment

I (we) hereby authorize **CITY OF UMATILLA**, hereinafter called the CITY, to initiate debit entries to my (our) ☑ Checking account or ☐ Savings account indicated below and the depository named below, hereinafter called BANK, to debit my account for payment of my utility bill.

DEPOSITORY (BANK) NAME: _____

City _____STATE: _____ ZIP: _____

ROUTING/ABA NO: _____ ACCOUNT NO: _____

This authority is to remain in full force and effect until the CITY and BANK have received written notification from me (or either of us) of termination by the 28th day of the month preceding the next draft.

Customer Name(s): _____

Service Address: _____

Customer Account #: _____

Customer Phone #: _____

_____ _____
Customer Signature Date

_____ _____
Customer Signature Date

Please return this form to City Hall or via email at utilities@umatillafl.org Call 352-669-3125 with any questions.

OFFICE USE ONLY: Received on _____ by: _____

Entered by: _____ Account Noted: _____