



City of Alachua

Post Office Box 9

Alachua, FL

32616-0009

Phone: 386-418-6110

Fax: 386-418-6114

Automated Payment Authorization

I/We hereby request and authorize the City of Alachua to initiate automated withdrawals from the checking account listed below by any means agreed upon between The City of Alachua and my/our bank, or to draw by electronic funds transferred from my/our checking account, funds payable to the City of Alachua. This authority pertains to the schedule of payments or other amounts due as described in the contract below. I/We will make the monthly payment by cash, check, money order or credit card until notified of auto payment approval through the monthly statement. This authorization may be canceled at any time by the City of Alachua. I/We may cancel by providing the City of Alachua written notice and such notice shall be effective five (5) days after receipt.

Customer Name

Customer Phone Number (required)

Utility Account Number

Your Bank's Name

Your Bank's Address

Bank Account Number and Type of Account

Bank Routing Number

Customer Signature/authorization Date

Name (s) on Bank Account

Bank Account Owner's Signature Date

All information requested is required to apply for this service. Please include a voided check with this authorization. Remit by mail or in person to: City of Alachua

P.O. Box 9

Alachua, Florida 32616-0009

15100 NW 142nd Terrace

386-418-6110