



CITY OF ALACHUA
P.O. BOX 9 ALACHUA, FL 32616
www.cityofalachua.com
utilities@cityofalachua.org
(386) 418-6110 Fax: (386) 418-6114

****AUTOMATIC PAYMENT AUTHORIZATION ****

CUSTOMER NAME: _____

ACCOUNT #: _____

CUSTOMER PHONE# (REQUIRED): _____

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

BANK NAME: _____

BANK ADDRESS: _____

BANK ACCOUNT NUMBER: _____ TYPE: _____

BANK ROUTING #: _____

CUSTOMER SIGNATURE _____ DATE _____

BANK ACCOUNT OWNERS _____

ACCOUNT SIGNATURES _____ 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 THE ADDRESS ABOVE.