

ELECTRONIC DEBIT AUTHORIZATION

New Application Change in Application

Customer name (as it appears on utility bill): _____

Customer's address: _____

Social Security Number: _____ Effective Date: _____

Telephone Numbers: Work _____ Home _____

City of Clewiston Utility Account Number: _____

Preferred monthly payment date (circle one) 5th 15th 25th

Financial Institution Information (must provide voided check or deposit slip)

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Federal Reserve Routing Number: _____

Name on Financial Institution Account: _____

Financial Institution Account Number: _____

Authorization Agreement for Electronic Debit Program

I hereby authorize the City of Clewiston, hereinafter called "City", to initiate Electronic debit entries and to initiate, if necessary, electronic credit entries and adjustments for any electronic debit entries in error to my account indicated above, and the financial institution named above to electronically debit and/or electronically credit the same to such account. I agree to allow the CITY to electronically debit my account for my utility billing on the specified payment date above. If a monthly billing is not received it is the customer of record's responsibility to contact the CITY to obtain the billing amount.

I further agree that if any such electronic transaction be returned, whether with or without cause, the CITY shall be under no liability whatsoever, even though such return results in the disconnection of utility service.

This authority is to remain in effect until revoked by me in writing, and until the CITY actually receives such notice, I agree that you shall be fully protected in drawing any such electronic debit or credit. The CITY reserves the right to cancel the Bank Electronic Debit Program 30 days after notification. I understand that if any such electronic debit be returned by my financial institution, and any amount due the CITY is not paid in accordance with the terms of the Customer Service Agreement, utility service to my account may be subject to disconnection. Should any electronic debit be returned as uncollectible, I understand my account will be removed from the Electronic Debit Program. Any item returned as uncollectible will be subject to a \$20.00 fee. A 12 month history free of returned items must be maintained before my account can be put back on Electronic Debit status. I understand that my request for electronic debit will take effect immediately and I shall receive a bill stating "DO NOT PAY". Should any change in financial institution occur, I will notify the CITY within 30 days of the change. I understand that my account(s) will be removed from the Electronic Debit status at the time a disconnection request is made. Any remaining balance must be paid by check or cash. Should I wish to discontinue participation in the Electronic Debit program, I will notify the CITY, in writing, 30 days prior to the actual termination date of the program.

Customer Signature _____ **City of Clewiston Rep** _____