

CITY OF HALLANDALE BEACH BANK DRAFT AGREEMENT

Authorization Agreement for Automatic Withdrawals (ACH Debits)

Please check all accounts that apply:

UTILITY ACCOUNT **OTHER ACCOUNT (Please list)** _____

A. New account for bank drafting? **YES** **NO**

B. Existing accounts: Please check the changes that are being made.

New address New bank account information Cancel bank draft payment

C. I (we) hereby authorize the City of Hallandale Beach to initiate debit entries against my (our)

Select one: _____ checking account _____ savings account for the amount of monthly or quarterly bills on the due dates and to debit same to such account.

NAME (please print): _____

SERVICE ADDRESS: _____ Hallandale Beach, FL 33009

TELEPHONE NO.: _____

EMAIL ADDRESS: _____

UTILITY ACCOUNT NO.: _____

FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION ADDRESS: _____

City	State	Zip Code
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ROUTING NO.: _____

BANK ACCOUNT NO.: _____

*** A voided check must be attached for a checking account or a deposit/withdrawal slip must be attached for a savings account. Please also include a clear copy of a picture i.d., such as a valid driver's license. For Commercial and Multi-Family accounts a letter on company letterhead authorizing said representative the authority to enter into this bank draft agreement is required.**

AUTHORIZED SIGNATURE: _____ DATE: _____

This authority is to remain in full force and effect until City has received written notification from me (us) to terminate and/or modify this authority and in such manner as to afford City and Financial Institution a reasonable opportunity to act on it (two weeks). _____ (Initial)