



CITY HALL
2240 Minton Road
West Melbourne, FL 32904
Phone: (321) 727-7700
Fax: (321) 768-2390
www.westmelbourne.org

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH DEBITS)

COMPANY NAME: City of West Melbourne

I hereby authorize The City of West Melbourne hereinafter called "Company", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my (our): _____(Checking) or _____ (Savings) Account indicated below and the financial institute named below, hereinafter called "Depository", to credit and/or debit the same to such account.

FINANCIAL INSTITUTION _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA NO: _____ BANK ACCOUNT NO _____
(9 positions)

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and the financial institution named above a reasonable opportunity to act on it.

NAME: _____ WATER/SEWER ACCT# _____

SERVICE ADDRESS: _____

DATE: _____ SIGNED _____

TELEPHONE #: _____ ***SIGNED _____

***TWO SIGNATURES REQUIRED FOR ACCOUNTS IN JOINT NAMES

*****WITH THIS REQUEST WE MUST RECEIVE A COPY OF A VOIDED OR
CANCELLED CHECK*****