



CITY OF FREEPORT
112 Hwy 20 W, Freeport, FL 32439
Telephone: 850-835-2822
Facsimile: 850-835-3137

ACH PAYMENT APPLICATION

Authorization for Automatic Payments of Water and Sewer Utility Bills
(Complete this form and return with a VOIDED check or Letter from Bank)

ACCOUNT NUMBER: _____

NAME: _____

(as it appears on utility bill)

PHONE: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

BANK NAME: _____

ADDRESS: _____

BANK ROUTING NUMBER: _____

Checking Account Number: _____

-OR-

Savings Account Number: _____

**I authorize you to deduct from my checking/savings account the amount of any City of Freeport water/sewer bill and to make that deduction payable to the City of Freeport. In making this authorization, I agree to all the terms as listed below.

I authorize the financial institution named on this form to pay my water and sewer utility bill by charging each payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority begins immediately and will remain in effect **until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to charging my account. I understand, however, that both the financial institution and City of Freeport reserve the right to terminate this payment plan (or my participation therein).

**All direct payments will be processed within 5 days prior to the due date stated on your monthly water bill (between the 10th and the 15th of the month).

**Any payment returned for any reason will incur a \$25.00 returned item fee.

The first bill of a new account and the final bill **WILL NOT be bank drafted.

Signature: _____

Date: _____