

CITY OF CARRABELLE AUTO DEBIT AUTHORIZATION

As used in this authorization, "I/we" means the owner(s) of the checking account to be debited, as identified below. "You" means the City of Carrabelle.

I/We authorize and direct you to make the following transfer of funds on the 15th day of each month.

(THIS SECTION TO BE COMPLETED BY CUSTOMER/ACCT HOLDER:)	
AMOUNT TO BE TRANSFERRED: \$ _____	OR: Amount Due <input type="checkbox"/>
FREQUENCY: <input checked="" type="checkbox"/> MONTHLY	EFFECTIVE DATE: _____
BANK NAME: _____	TYPE: <input checked="" type="checkbox"/> CHECKING
BANK ROUTING #: _____	
BANK ACCOUNT #: _____	
NAME ON ACCT: _____	
FOR CITY OF CARRABELLE UTILITY ACCOUNT NO. _____	
(THIS SECTION TO BE COMPLETED BY: CITY OF CARRABELLE)	
TO: ACCOUNT NO. _____	TYPE: <input checked="" type="checkbox"/> CHECKING
ACCOUNT TITLE: <u>CITY OF CARRABELLE</u> <u>WATER & SEWER ACCOUNT</u>	

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization.
This authorization will remain in effect until terminated by either party. Either party may terminate this authorization by giving the other party 15 days written notice at the address stated below.

Print Account Name

Service Address

Signature

Account Billing Address, if different

Accepted by
For: City of Carrabelle 1001 Gray Ave Carrabelle, FL 32322
Ph. 850-697-3618 Fax 850-697-3156