

Keep this portion for your records

Automatic Electronic Utility Bill Payment Authorization - Terms and Conditions

By signing the attached Authorization:

I (We) hereby authorize the City of Tampa Utilities to automatically initiate debit entries (charges) to the bank account indicated, and for my bank to accept and post such debit entries, for the payment of all bills rendered to me by the City of Tampa Utilities.

I (We) understand that the City of Tampa Utilities will continue to render a bill at least 11 days before my bank account is to be charged, and that the City of Tampa Utilities may impose a fee in the event a debit entry is not paid by my bank.

I (We) understand that this authority will remain in effect until the City of Tampa Utilities has received notification from me of its termination in such manner as to afford the City of Tampa Utilities and the Bank a reasonable opportunity to act on it. I (We) have the right to stop payment of charge entries by notifying the City of Tampa Utilities in writing 30 days prior to the time the account has been charged.

Any erroneous or incorrect charges will be corrected upon notification of the City of Tampa Utilities. If corrections are necessary, it may involve a credit or debit to my account.

Bank Name:	Bank Account Number:
City of Tampa Utility Account Number:	Date:

IMPORTANT

Please allow 4 to 6 weeks for processing. Please continue to pay your bill as you normally would until you see the message
"DO NOT PAY—AUTO BANK PAYMENT SCHEDULED ON OR AFTER xx/xx/xx"

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IMPORTANT

Please enclose a voided check or deposit slip from the bank account you designate
U.S. FUNDS ONLY

Please allow 4 to 6 weeks for processing. Please continue to pay your bill as you normally would until you see the message
"DO NOT PAY—AUTO BANK PAYMENT SCHEDULED ON OR AFTER xx/xx/xx"

Automatic Electronic Utility Bill Payment Application

Please fill out completely and attach your voided check or deposit slip, and return to:
City of Tampa Utilities, 3402 W. Columbus Dr., Tampa, FL 33607 or fax to (813)274-8430

Utility Account Number:		Name: (Please print name as it appears on bill)	
Mailing Address:			Phone Number:
City:	State:	ZIP Code:	
Service Address:			
City:	State:	ZIP Code:	
Bank Name: Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Name on Bank Account:	
Bank Routing/Transit Number:		Bank Account Number:	
Bank Address:			
City:	State:	ZIP Code:	
Bank Phone Number:			
By signing below, I (we) hereby agree to the terms on the reverse side of this Authorization form.			
_____ Customer/Account Holder Signature		_____ Date	