



AUTHORIZATION AGREEMENT/TERMINATION FOR AUTOMATED BILL PAY

320 Alexandria Blvd. Oviedo, Fl. 32765
Phone: (407) 971-5535 Fax: (407) 971-5806
Office Hours: Monday-Friday 8:00am-5:00pm

- Instructions:
1. Provide all of the requested information below.
 2. Sign your application.
 3. Attach a VOIDED check from your Financial Institution.

NAME: _____

SERVICE ADDRESS: _____

DRIVER'S LICENSE #: _____ SS#: _____

DATE OF BIRTH: _____ UTILITY ACCOUNT NUMBER: _____

NAME OF FINANCIAL INSTITUTION: _____

ACH ROUTING NUMBER: _____ BANK ACCOUNT NUMBER: _____

CHECK ONE: NEW APPLICATION _____ CHANGE OF BANK _____ CHANGE ACCT. # _____

TERMINATE EZ PAY _____ AS OF (DATE) _____

TERMINATION MAY TAKE 5-10 BUSINESS DAYS.

ACCOUNT: CHECKING ACCT _____ SAVINGS ACCT _____

A VOIDED CHECK FOR CHECKING ACCOUNTS OR DEPOSIT SLIPS FOR SAVINGS ACCOUNTS MUST BE ATTACHED. IF USING A SAVINGS ACCOUNT, PLEASE VERIFY YOUR ROUTING NUMBER AND ACCOUNT NUMBER DIRECTLY WITH YOUR FINANCIAL INSTITUTION.

This authority is to remain in full force and effect until the City of Oviedo has received notification from me of its cancellation in such time and such matter as to afford the City of Oviedo and the financial institute a reasonable opportunity to act on it.

- **The City of Oviedo is not responsible for incorrect Routing, or incorrect Account Numbers**
- **PLEASE NOTE: When your Automatic Bill Pay withdrawal is active, a message will appear on your Utility Bill stating, "Bank Draft- Do Not Pay".**

I hereby authorize the City of Oviedo to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated above and the financial institution named above to debit/credit the same to such account.

Signature: _____ Date: _____

The City of Oviedo does not accept liability for transmission of this form with confidential information. Email over the internet is NOT a secure medium and privacy cannot be assured.

Fax: 407-971-5806