



DIRECT DEBIT ENROLLMENT AND AUTHORIZATION FORM FOR UTILITY BILL PAYMENTS

PLEASE LIST THE 12-DIGIT UTILITY ACCOUNT NUMBERS AND CORRESPONDING SERVICE ADDRESSES FOR UTILITY ACCOUNTS TO BE ENROLLED IN THIS SERVICE

	UTILITY ACCOUNT NUMBER	SERVICE ADDRESS
1 .	_____	_____
2 .	_____	_____
3 .	_____	_____
4 .	_____	_____

I authorize the City of Hollywood, Florida to deduct funds from my checking account on a monthly basis at the financial institution named below to pay the current charges due on the utility accounts listed above. I acknowledge that the receipt of a monthly utility bill from the City of Hollywood constitutes prior notice to me of the amount that is owed and such amount will be deducted on the payment due date specified on the bill or on the business day prior to the payment due date. I understand that I can stop these automatic payments if I notify the City's Department of Public Utilities at (954) 921-3938 or via e-mail at payutility@hollywoodfl.org. I understand that this notification must be received at least 5 business days prior to the payment due date to cancel a pending direct debit draft. I also understand that the City can terminate my participation in this service if necessary, and such termination will not absolve me of my responsibility to pay any charges on my utility account in a timely manner. I agree to notify the Public Utilities Department promptly if I change banks or if my banking account information provided below changes for any reason. I understand that there will be a \$15.00 returned payment fee for each payment that cannot be processed due to insufficient funds, closed account, frozen account, etc. I also understand that if this automatic payment debit is not honored by my bank or financial institution for any reason under my control, my utility account will be assessed a late penalty and my utility service may be disconnected for nonpayment. **I understand that it can take up to two (2) billing cycles for my bank draft to become active and that only the "current charges" on my utility bill will be drafted.** I acknowledge that I am the owner of the checking account provided to utilize this service.

NAME _____

SIGNATURE _____ DATE _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

BANK OR FINANCIAL INSTITUTION: _____

CHECKING ACCOUNT NUMBER: _____

ATTACH OR ENCLOSE A VOIDED CHECK FOR THE SPECIFIED BANK ACCOUNT

STARTER CHECKS WILL NOT BE ACCEPTED