

## WATER & SEWER DEPARTMENT CONSUMER DEBIT AUTHORIZATION

- Complete the attached authorization form.
- Attach a voided check if payment is to be debited from a checking account or attach a deposit slip if payment is to be debited from a savings account.
- Our file is transmitted to the bank 2 business days before the due date. This will be during the last week of the month payment is due for accounts billed on a quarterly basis.
- Any statement scheduled to be deducted from your account will state “AUTO PAY” in the Amount Enclosed box. If a statement is received without this notation, payment will not be deducted from your account.
- Final bills **will not** be paid via direct debit.
- If you decided to discontinue this payment plan, please notify the CITY OF FLORENCE, in writing, at the following address:

City of Florence  
Florence Water & Sewer  
8100 Ewing Blvd.  
Florence, KY 41042

- If you have any questions, please do not hesitate to contact our office.

Revised 12/12/2018

# CONSUMER DEBIT AUTHORIZATION

Direct Payment Enrollment for Recurring Bill Payment

NAME: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

Please deduct my Direct Payment from my account as follows:

Name of Financial Institution: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

**Type of Account:**

Checking  
Account No.: \_\_\_\_\_  
(Attach voided check)

Savings  
Account No.: \_\_\_\_\_  
(Attach deposit slip)

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I authorize CITY OF FLORENCE to deduct my utility payment from the account listed above. I understand that if I decide to discontinue this payment plan, I will notify CITY OF FLORENCE, in writing, at the following address:

**City of Florence  
Florence Water and Sewer  
8100 Ewing Blvd  
Florence, Kentucky 41042**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: Please enclose a voided check or savings deposit slip with this form.**