



CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH DEBIT

(Cooper City Utility Accounts Only)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize the City of Cooper City ("City") to electronically charge/debit the Depository (Bank) account shown below for the **TOTAL AMOUNT DUE** on my monthly utility bill. I (we) acknowledge that prior notification of the Total Amount Due is provided on my monthly bill, as well as on the City's payment website, www.AccessMyGov.com. **Any dispute regarding the Total Amount Due must be reported to the City at least FIVE (5) business days in advance of the DUE DATE, so that a pending ACH charge may be delayed, if necessary.**

I (we) further acknowledge that the account below will be charged **MONTHLY**, on the **DUE DATE** shown on my actual bill, which may vary slightly from month to month. I (we) also understand that the City cannot accommodate requests for specific withdrawal days or dates. If payment cannot be processed due to insufficient funds, closed or frozen accounts, I (we) understand there will be a **\$20.00 returned payment fee** applied to my utility account. In addition, a late fee may also be applied to my utility account and service may be disconnected for non-payment.

I (we) consent to this Authorization remaining in full force and effect until the City is notified, **IN WRITING**, that I (we) wish to revoke the Authorization. Notice must be received by the City at least FIVE (5) business days in advance of cancellation.

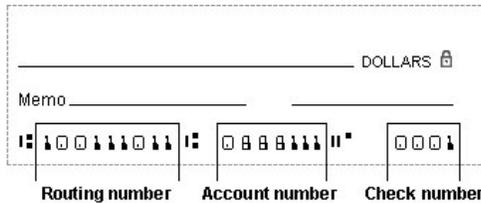
Date of this Request: _____ 5-Digit Utility Account Number: _____
Utility Service Address: _____

Checking Account / Savings Account (select one) at the financial institution named below ("Depository").

Depository (Bank) Name: _____

Account Holder's Name: _____ Email Address: _____

Routing Number: _____ Account Number: _____



**FOR ACCOUNT VERIFICATION,
A VOID CHECK OR SAVINGS ACCOUNT
DEPOSIT SLIP MUST BE PROVIDED.**

By signing below, I (we) acknowledge ownership of the Depository (Bank) account provided above and authorize the City to electronically charge/debit the **TOTAL AMOUNT DUE** on my monthly utility bill.

* By: _____ * By: _____
Print Name Date Print Name Date
Signature Signature

*** PHOTO ID AND SIGNATURE REQUIRED FOR ALL PERSON(S) NAMED ON CITY'S UTILITY ACCOUNT.**