



CITY OF TARPON SPRINGS

BANK DRAFTING

AUTOMATIC WITHDRAWAL AUTHORIZATION

Customer Name(s) _____
(Please Print) Last First MI

_____ Last First MI

Street (Service) Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Home Phone _____

City of Tarpon Springs Account # _____
Attach additional sheets if you have more accounts.

Financial Information

Name _____ Branch _____
Bank, credit union or other financial institution located in the U.S. that participates in automatic withdrawal.

Address _____

City _____ State _____ Zip Code _____

Please choose one:

Savings Account # _____
Please remember to attach a copy of your bank routing number and account number for account number verification.

Checking Account # _____
Please remember to attach a voided blank check for account number verification.

Bank Drafting will usually begin within 60 days after we receive your authorization form. You will know the automatic withdrawal request is in effect when you receive a utility statement with the words "BANK DRAFT".

I/we authorize the City of Tarpon Springs to initiate monthly debits to my/our bank account at the financial institution named above.

Signature _____ Date _____

Signature _____ Date _____

For Faxed Applications only:

Witness _____ Date _____

Completed form and voided blank check may be faxed to 943-4057 or mailed to City of Tarpon Springs, Attn: Utility Accounts Manager, P. O. Box 5004, Tarpon Springs, Florida 34688-5004.