

# The City of Pembroke Pines Utility

## AUTOMATIC FUNDS TRANSFER PAYMENT (AFT) AUTHORIZATION FORM

### The City of Pembroke Pines Utility

I do hereby authorize the City of Pembroke Pines to withdraw funds monthly from the bank account shown below. The withdrawal will be approximately on the due date shown on my utility bill. This authorization is to remain in effect until the City of Pembroke Pines receives written notice from me terminating the authorization for Automatic Funds Transfer. In addition, I have the right to discontinue participation in the AFT program by notifying in writing the Utility Customer Service Office at least 7 days prior to the due date of the payment. I will still be responsible for payment of my bill by the due date. I understand, however, that both the Financial Institution and the City of Pembroke Pines reserves the right to terminate this payment plan or my participation. ***A fee will be charged by the City of Pembroke Pines for all transactions resulting in insufficient funds.***

**Note:** The Financial Institution may also charge for payments returned from the bank for insufficient funds.

Stop Account

Utility Account Number: \_\_\_\_\_

Utility Account Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

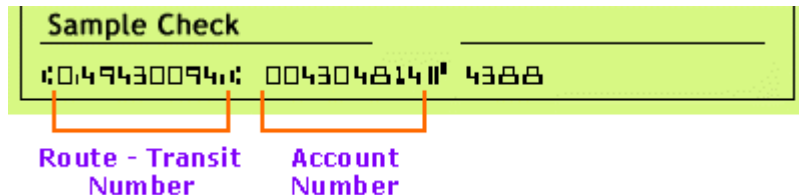
Contact Phone Number: \_\_\_\_\_

Bank Route - Transit Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Checking (Attach Voided Check)

Savings (Contact Bank for Account & Routing Number)



Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_