



# 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. **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 **Non-Sufficient Funds 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: \_\_\_\_\_

_____ DOLLARS \$		
Memo _____		
Routing number	Account number	Check 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: \_\_\_\_\_  
Print Name Date  
\_\_\_\_\_  
Signature

\* By: \_\_\_\_\_  
Print Name Date  
\_\_\_\_\_  
Signature

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