

City of Apalachicola
1 Bay Avenue
Apalachicola, FL 32320
850-653-9319 / 850-653-2205 fax

Direct Payment Authorization Form

To take advantage of this service, please complete the authorization below and return this form to Janelle C. Paul at the address above.

Date _____

I authorize the city of Apalachicola to initiate electronic debit entries to my checking account for payment of my utilities on or about the 6th day of each month (for prior months bill).

FINANCIAL INSTITUTION NAME _____
FINANCIAL INSTITUTION ROUTING NUMBER _____
FINANCIAL INSTITUTION CITY AND STATE _____
FINANCIAL INSTITUTION ACCOUNT NUMBER _____
CITY OF APALACHICOLA ACCOUNT NO. _____

SIGNATURE: _____

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

ATTACH A VOIDED CHECK ON THE ACCOUNT TO BE DEBITED

| | |
|---------------------------|-------------------|
| Internal Use Only: | Entered by: _____ |
| ACH Auth – COA 06/13/2007 | Entered on: _____ |