

City of Apalachicola
192 Coach Wagoner Blvd.
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.

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 8th day of each month (for prior month's 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 12/2012	Date: _____