



CITY OF COCONUT CREEK

AUTOMATIC FUNDS TRANSFER (AFT) AUTHORIZATION

Please complete and sign this application. **ATTACH OR ENCLOSE A VOIDED CHECK OR SAVINGS DEPOSIT SLIP WITH THE AUTHORIZATION.**

- Mail to:
**City of Coconut Creek
Utility Billing Division
4800 West Copans Road
Coconut Creek, FL 33063**

Unfortunately, we cannot accept checks from non-U.S. banks.

List the utility account numbers and corresponding service addresses that you wish to enroll:

1. _____
2. _____
3. _____

Name: _____

Home/Contact Telephone Number: _____

Bank Name: _____

Bank Telephone Number: _____ Type of Acct: Ckg Svg

Bank Account Number: _____

Bank Transit Number: _____

(THE NINE DIGIT NUMBER ON THE BOTTOM LEFT OF YOUR CHECK OR SAVINGS DEPOSIT SLIP)

I hereby authorize the City to withdraw funds from my bank account, two business days before the due date of my monthly City utility bill. This authority will remain in effect until the City receives timely notice from me for any changes. I understand that I can update, change or stop these automatic payments if I notify the City's Utility Billing Division at 954-973-6732 no less than twenty working days prior to the due date. I also understand that if my bank does not honor this automatic payment debit for any reason, my utility account will be assessed a return check fee and my utility service may be disconnected for non-payment. I also understand the City can, with notification, stop my participation if necessary.

YOUR SIGNATURE _____ DATE _____
(Signature required to process application)