



City of  
Tarpon Springs

# CITY OF TARPON SPRINGS BANK DRAFTING AUTOMATIC WITHDRAWAL AUTHORIZATION

**\*Draft date will be 12 days after bill date\***

Customer Name(s) \_\_\_\_\_  
(Please Print) Last First

\_\_\_\_\_ Last First

Street (Service) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

City of Tarpon Springs Account # \_\_\_\_\_

## Financial Information

Name \_\_\_\_\_ Branch \_\_\_\_\_

Bank, credit union or other financial institution located in the U.S. that participates in automatic withdrawal.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please remember to attach a copy of your bank routing number and account number for account number verification.

Bank Account # \_\_\_\_\_  
Please remember to attach a voided blank check for account number verification

Bank Drafting will begin with your next cycle bill after we receive your authorization form.or next cycle bill once you sign up online, online customers please note [existing charges will not draft.](#)

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I/we authorize the City of Tarpon Springs to initiate monthly debits to my/our bank account at the financial institution named above.

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

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

### For Faxed Applications only:

Witness \_\_\_\_\_ Date \_\_\_\_\_

Completed form and voided blank check may be faxed to 943-4057, email to [ubcts@ctsfll.us](mailto:ubcts@ctsfll.us) or mailed to City of Tarpon Springs, Attn: Utility Accounts Supervisor, P. O. Box 5004, Tarpon Springs, Florida 34688-5004.