



CITY OF TARPON SPRINGS

BANK DRAFTING

AUTOMATIC WITHDRAWAL AUTHORIZATION

***Draft date will be 12 days after bill date located under the "Due by 4:30 pm" box at the top of your bill.**

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.

Draft date will be 12 days after bill date located under the "Due by 4:30 pm" box at the top of your bill.

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@ctsf1.us or mailed to City of Tarpon Springs, Attn: Utility Accounts Supervisor, P. O. Box 5004, Tarpon Springs, Florida 34688-5004.