Pre-Authorized Payment (ACH) Service Authorization Agreement

I _____ authorize the Town of Oakland and the financial institution listed below to electronically direct debit my account specified below for my utility payment which includes: **water, trash removal, tax and violations.** All direct debit payments will be processed within 5 days prior to the due date stated on your monthly water bill.

You must attach a voided check in order to process your request.

_____ Bank Name

_____ Branch Location

_____ City

_____ State Zip

_____ Bank Transit/ABA Number

_____ Name on Water Account

_____ Bank Account Number

_____ Water Account Number

_____ Home Phone Number

_____ Service Address

This authorization will remain in full force and effect until the Town of Oakland has received written notification of its termination in such time and in such manner as to afford the Town of Oakland reasonable opportunity to act on it. A copy of this authorization will be provided, upon request. If a direct debit is returned for any reason, the Town will assess a $25.00 returned item fee. Please continue to pay your utility bill until your bill indicates the direct debit program has been established.

_____ Signature

_____ Date

Printed Name _____

Please return this completed form to the Town of Oakland utility billing office or mail to:

Utility Billing - Attn: ACH
P.O. Box 98
Oakland, FL 34760-0098