



City of Crystal River

DIRECT PAYMENT AUTHORIZATION

I (we) hereby authorize The City of Crystal River to initiate debit entries and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below.

Financial Institution Name

Branch

Address

City/State

Zip

Routing & Transit Number

Account Number

Account Type (circle one):

Saving/Share

Checking/Draft

Loan

This authority is to remain in full force and effect until The City of Crystal River has received at least a 15 day written notification from the recipient of its termination as to afford The City a reasonable time to act upon it. There will be a \$25.00 returned ACH fee for all payments returned unpaid by your bank.

Service Address

Service Account Number

Phone Number

Customer Signature

Printed Name

Date _____

Please attach a voided check or financial institution account verification letter to this form.

When your statement says “*DO NOT PAY AUTO DEBIT***” the amount will be drafted from your bank account on the 15th of each month.**