

City of Maitland – DirectPay Authorization Form

Customer Name	_____	Utility Account No.	_____
Bank Name	_____		
Bank Address	_____	City, State, Zip	_____
Bank Phone No.	_____	Type of Account	<u>Checking/Savings</u>
Bank Routing No.	_____	Bank Account No.	_____

Please attach copy of voided check or savings deposit slip
in space below and return completed form to:

*City of Maitland – Utility Billing
1776 Independence Lane
Maitland, Florida 32751.*

For Checking Account: Attach Voided Check

For Savings Account: Attach Savings Deposit Slip

You should continue to pay your bill as you normally would until the EFT payment appears on your utility bill. The direct withdrawal will normally take effect on your second month of participation. Failure to notify the City of account changes or closures, as well as insufficient fund returns, will result in re-processing fees.

This authorization will remain in effect until the City of Maitland has received written notification from me (us) of its termination. Notice must be received 30 days prior to the next billing date and in such a time and manner to afford the City of Maitland and my (our) Bank reasonable opportunity to act upon it.

I (we) hereby authorize the City of Maitland to initiate debit entries to my (our) account indicated above and authorize my Bank to debit the same account.

Signed: _____ Date: _____

Signed: _____ Date: _____