



City of Green Cove Springs

Phone: (904) 297-7500
Fax: (904) 284-2718
www.greencovesprings.com

321 Walnut Street
Green Cove Springs, FL 32043

ACH Recurring Payment Authorization Form

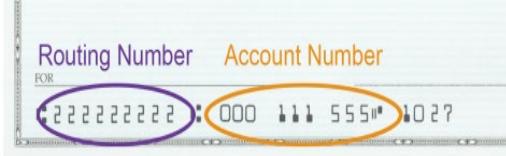
Schedule your payment to be automatically deducted from your checking or saving account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges.

I _____ (full name) authorize the City of Green Cove Springs to charge my bank account indicated below on the **due date** {or next business day} of each month for payment of my utility bill.

Billing Address: _____
City, State, Zip: _____ Phone No. _____
Email: _____

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	
 ***Must Provide Documentation***		

Signature _____

Date _____

I understand that this authorization will remain in effect until I cancel it **in writing**, and I agree to notify the City of Green Cove Springs **in writing** of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the City of Green Cove Springs may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Office Use Only:

Customers Account No: _____

Representative Initial: _____

Added to System: Made Penalty Exempt:
(Check when completed)

Revised on 12/9/2015 by Finance Department

Notes: _____
