



CITY OF STARKE

P.O. Drawer C
209 N. Thompson Street
Starke, FL 32091

Phone: (904) 964-5027
Fax: (904) 964-3998
www.cityofstarke.org

AUTOMATED BILL PAY AUTHORIZATION FORM

Automated Bill Pay Authorization Form schedules your utility payment to be automatically deducted from your checking or savings account **by the 10th of each month** for payment of your utility bill. Expect a 30-day delay to set up your draft process. Once initiated, you will receive a bill with the notation "Bank Draft- Do Not Pay" with the amount deducted for your total bill. Just complete and sign this form to initiate, cancel or change financial institution information.

PLEASE READ CAREFULLY:

It is your responsibility to notify the City of Starke of any changes in your checking/savings account or if you wish to discontinue your Automated Bill Pay status. A change in bank or checking/ savings account requires the completion of a new Automated Bill Pay Authorization Form and the submission of a voided check to the city of Starke Customer Service Department.

NEW REQUEST **CHANGE OF INFORMATION** **CANCELLATION**

Name _____ Phone Number _____
Billing Address _____ Email _____
City, State, Zip _____ Account No: _____
Customer ID #: _____

PLEASE ATTACH A VOIDED CHECK

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

BANK PHONE FOR
123456789 0123456789012 1001
Bank Routing Number Bank Account Number

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify City of Starke, in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted 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 I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 City of Starke 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 these scheduled payments with my bank so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE

DATE

Mail signed form and void check to the address listed above or email to customerservice@cityofstarke.org

OFFICE USE ONLY:	CID: _____	Date Completed in System: _____
		CSR Initials: _____