



UTILITIES CUSTOMER SERVICE
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 WWW.DAVIE-FL.GOV • UTILITIES@DAVIE-FL.GOV

The Town of Davie Utilities Department Automatic Funds Transfer (AFT) Authorization Form

I hereby authorize the Town of Davie to automatically withdraw funds monthly for payment of my utility bill from the bank account indicated below. The withdrawal will occur on the due date shown on my utility bill. This authorization shall remain in effect until the Town of Davie receives written notification from me terminating this authorization for AFT. I have the right to discontinue participation in the AFT program, or to make changes to my information, by notifying the Utility Customer Service Office in writing at least five days prior to the due date of the payment. I understand that initialization of my AFT, and any changes to it, will undergo a pre-note process which may take one to two months. I remain responsible for the timely payment of my bill by the due date during this time to avoid delinquent fees or turn-off. I also understand that both the financial institution and the Town of Davie reserve the right to terminate this payment plan or my participation at any time. Furthermore, I understand a fee will be charged by the Town of Davie for any payments returned by my financial institution and that the financial institution may also charge fees for returned payments.

New Account Stop Account Change Account

Utility Account Number: _____

Utility Account Name: _____

Service Address: _____

Contact Phone Number: _____

Email Address: _____

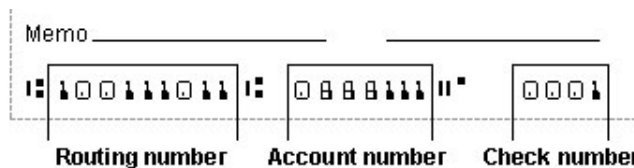
Bank Route-Transit Number: _____

Bank Account Number: _____

Select Type of Account:

- Checking (Attach voided check)
- Savings (Attach Savings Deposit Slip)

Sample Check



Signature: _____ Date: _____

Print Name: _____

Internal Use Only

Date: _____ Account Number: _____

Initial: _____