



The City of Plantation Utilities Department

AUTOMATIC FUNDS TRANSFER PAYMENT (AFT) AUTHORIZATION FORM

I do hereby authorize the City of Plantation to withdraw funds monthly from the bank account shown below. The withdrawal will be the date shown on your bill. This authorization is to remain in effect until the City of Plantation receives written notice (via mail or fax) from me terminating the authorization for Automatic Funds Transfer. In addition, I have the right to discontinue participation in the AFT program by notification in writing to the Utilities Customer Service Office at least 7 business days prior to the due date of the payment. I will still be responsible for payment of my bill by the due date. I understand, however, that both the Financial Institution and the City of Plantation reserves the right to terminate this payment plan or my participation.

A fee will be charged by the City of Plantation for all transactions resulting in insufficient funds depending on the amount of the check. Note: The Financial Institution may also charge for payments returned from the bank for insufficient funds.

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: _____

Checking (Attach Voided Check)

Savings (Contact Bank for Account & Routing Number)



Route-Transit
Number

Account
Number

Print Name: _____

Signature: _____ Date: _____