



**CITY OF CLERMONT
DIRECT DEBIT AUTHORIZATION FORM**

I hereby authorize the CITY OF CLERMONT to initiate direct debit entries from my Checking account for credit to my City of Clermont utility account.

*****Please attach a voided check*****

Financial Institution Information:

Financial Institution: _____

Financial Institution Address: _____

Routing Number: _____

Account Number: _____

Utility Account Information:

Customer Name: _____

Customer Account Number: _____

Customer Service Address: _____

This authorization will remain in effect until one of the following occurs:

- 1) The City receives a completed Direct Debit Cancellation Form.
- 2) The City has received two (2) non-sufficient fund notices from the bank in any twelve (12) month period. In this situation, the customer will be notified in writing by the City of the non-sufficient fund notices and be placed on a **cash only** basis when paying City utility bills.

Signature

Date