



E-Z Pay Application Form

Account Number: _____ --- _____

Name (as it appears on Utility Account): _____

My signature below hereby authorizes the City of Pompano Beach to initiate debit entries and/or correction entries to our Checking Savings account (select one) indicated below at the depository named below, herein called DEPOSITORY, to debit the same account. **A copy of a voided check must accompany this form.** Payments made under this program will be considered by the City as checks and processed based on policies and ordinances governing payments made by check.

Depository (your Bank's) Name: _____

Branch: _____ City/State: _____

Routing #: _____ Account #: _____

This authorization is to remain in full force until the City of Pompano Beach has received written notification from the undersigned in such time and in such manner as to afford the City of Pompano Beach and Depository reasonable opportunity to act upon it. **Your bank account will be charged the full amount of your bill approximately 20 days after the billing date.** Should you wish to dispute a bill, you must notify us in writing within 5 days after billing to delay the payment of a bill. Customers with two or more returned items may be removed from the E-Z pay program. All payments must be made in U.S. Dollars.

Bank Account Name: _____
(Name as it appears on your bank account)

Bank Account Holder Signature: _____ Date: _____

Customer E-Mail Address: _____

Customer Daytime Phone Number: () _____

_____ **Do Not Write Below this line** _____

Entered by: _____ Date: _____