



City of Homestead Automated Bill Pay Authorization Form

(This form is optional. If completed please include a copy of a voided check).

APPLICANT INFORMATION

Name:		Account Number:	
Service address:		Mailing Address:	
City, State:	Zip Code:	City, State:	Zip Code:
SSN:	Home Phone:	Cell:	

FINANCIAL INSTITUTION INFORMATION

<input type="checkbox"/> CANCELLATION	<input type="checkbox"/> CHANGE OF INFORMATION	
Financial Institution:		
Branch Name:	Branch Phone Number:	
City:	State:	ZIP Code:
Routing Number:	Account Number:	

Please Read Carefully

It is your responsibility to notify the City of Homestead 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 Homestead Customer Service Department.

AGREEMENT

I understand that if I chose to revoke Automated Bill Pay, I will be required to pay a deposit on the day of revocation. **I also understand that if my Automated Bill Payment is returned for any reason, I will be required to pay double the deposit, return payment, plus any additional fees. The first half of the doubled deposit, payment and fees must be paid within 72 hours of notification. The second half of the double deposit will be billed on the next bill date.**

Signature of applicant	Date
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FOR OFFICE USE ONLY

Received By:	Date Received:
Entered By:	Date Entered: