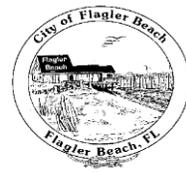


AUTOMATIC DRAFT AUTHORIZATION FORM



Our Utility Billing Department offers an automatic draft payment option. This is free of charge and you will receive your utility bill according to your preference. Once initiated, you will receive a bill with the notation "AUTO-DRAFT, DO NOT PAY" and the total amount due will be drafted from your bank account on the due date each month. Your account will be drafted no earlier than the due date stated on the bill. This service can be cancelled at any time by notifying our office.

PLEASE COMPLETE BELOW AND RETURN TO THE UTILITY BILLING DEPARTMENT

PLEASE NOTE: AUTO DRAFT FOR MULTIPLE SERVICE ADDRESSES if you have more than one utility account, please complete an automatic draft authorization form for each service address and indicate which bank account should be added to each address.

UTILITY SERVICE ADDRESS: _____

UTILITY ACCOUNTHOLDER NAME: _____

UTILITY ACCOUNT NUMBER: _____

PLEASE NOTE: If you do not have an account number at the time of completing this form, please leave blank.

FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____

I, _____ **(PRINT NAME)** hereby authorize the City of Flagler Beach to initiate debit entries, and to initiate if necessary, credit entries and adjustments for debit entries in error to the above referenced checking account number and the above referenced financial institution, hereinafter called "Depository," to debit and/or credit the same to such account. The City of Flagler Beach will not be held responsible for computer errors or cancellations due to non-payment if withdrawal is prepared and not honored for any reason and amount is not paid.

This authorization is to remain in full force until one of the following occurrences:

1. The City receives notification from me of its termination and in such manner to afford the City reasonable opportunity to act on it.
2. The City received two (2) non-sufficient fund notices from the bank in any twelve (12) month period. In this situation, the customer will be notified by the City of the NSF notices, charges the applicable NSF fee and be placed on a cash basis for paying City utility bills.

Signature: _____ **Date:** _____

By signing above I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize the City of Flagler Beach to automatically draft the named account.

PLEASE RETURN THE COMPLETED FORM TO:

City of Flagler Beach
P.O. Box 70 - 116 S 3rd Street
Flagler Beach, FL 32136
Phone (386) 517-2000 - Fax (386) 517-2008
Email UB@CITYOFFLAGLERBEACH.COM