

**CITY OF HOLLYWOOD FLORIDA
DIRECT DEBIT ENROLLMENT AND AUTHORIZATION FORM FOR UTILITY BILL CHARGES**

PLEASE LIST THE 12-DIGIT UTILITY ACCOUNT NUMBERS AND CORRESPONDING SERVICE ADDRESSES THAT YOU WOULD LIKE TO ENROLL IN THIS SERVICE:

| ACCOUNT NUMBER | SERVICE ADDRESS |
|----------------|-----------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

I authorize the City of Hollywood, Florida to deduct funds from my checking account at the financial institution named below to pay the amounts due on the utility accounts listed above on a monthly basis. I acknowledge that the receipt of a monthly utility bill from the City of Hollywood constitutes prior notice to me about the amount that is owed and that will be deducted on or a business day prior to the payment due date specified on the bill. I understand that I can stop these automatic payments if I notify the city’s department of Public Utilities at **(954) 921-3938** or via e-mail at **payutility@hollywoodfl.org**. I understand that this notification must be received at least 5 business days prior to the due date to cancel an outstanding draft. I also understand that the City can stop my participation in this service if necessary, and that this will not absolve me of my responsibility to pay any charges on my utility account in a timely manner. I agree to notify the Public Utilities department promptly if I change banks or if my banking account information changes for any reason. I understand that there will be a \$15.00 returned payment fee for each payment that cannot be processed due to insufficient funds, closed account, frozen account, etc. I also understand that if this automatic payment debit is not honored by my bank or financial institution for any reason under my control, my utility account will be assessed a late penalty and my utility service may be disconnected for nonpayment. **I understand that it can take up to two (2) billing cycles for my bank draft to become active and that the direct debit will only take out the amount marked as “current charges” on my utility bill. I acknowledge that I am an actual owner of the checking account that I wish to utilize for this service.**

YOUR NAME **SIGNATURE** **DATE**

YOUR MAILING ADDRESS: _____
PHONE NUMBER: _____ **EMAIL:** _____
YOUR BANK OR FINANCIAL INSTITUTION: _____
YOUR CHECKING ACCOUNT NUMBER: _____

PLEASE DO NOT FORGET TO ATTACH OR ENCLOSE A VOIDED CHECK FOR THE ABOVE SPECIFIED ACCOUNT! NO STARTER CHECKS WILL BE ACCEPTED!