



Effective: _____

Electronic Funds Transfer Form

Applicant Information:

Utility Account Number:	Customer Identification Number:		
Applicant's Full Name:			
Applicant's Street Address:	City:	State:	Zip code:

Financial Information:

Name of Bank:	Bank Branch Address:		
City:	State, Zip Code:		
Bank ABA Number:	Account Number:		
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings (Voided Check or Bank ACH Form)			

Authorized Signature:

I _____ authorize the Village of Palm Springs to withdraw funds on the 1st business day of each month from the account number described above for my utility bill. I am aware that my balance may vary due to monthly consumption and I am accountable for the funds availability within the account.

If the payment is returned from my financial institution, I am responsible for making a **CASH ONLY** payment of the dollar amount that was returned and a Non-Sufficient Funds Fee. In addition I may incur additional service charges and possible interruption to service. These fees are non-refundable. If a payment is returned a second time the account holder will become a **CASH ONLY** customer.

Print Name

Signature

Date

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing Affidavit was sworn before me this _____ day of _____, 20__ by _____, who is personally known to me or who did furnish _____ as identification.

NOTARY PUBLIC
My Commission Expires:

Important Note:

This authorization shall remain in effect until we are notified by the account holder of a change of bank information or cancellation of Electronic Funds Transfer. To cancel, the account holder needs to complete our Cancellation Form 30 business days prior to the withdrawal from the account.

Phone #: _____

Village of Palm Springs
Utility Department
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Palm Springs, FL 33461
(561) 965-5770 (561) 965-6508 Fax