

**City of Delray Beach
AFT APPLICATION
(Please print clearly or type)**

CUSTOMER INFORMATION

City of Delray Beach Utility Billing Account #: _____

Applicant's Name _____

Home Phone #: _____ Work Phone #: _____

For your convenience, you may return this application with your next payment. Do not forget to enclose a "VOIDED" check. (Deposit slips are not admissible).

I hereby authorize the City of Delray Beach Utilities Customer Service to initiate AFT entries (charges) to my bank account and my bank to accept and post such charges for the payment of utility bills rendered to me by the City of Delray Beach Utilities Customer Service. I understand that if I change my bank account or decide to withdraw from the program, I must allow a reasonable amount of time (approximately 30 days) for the City of Delray Beach Utilities Customer Service and the bank to terminate service. I have the right to stop payment of charge entries before my account is charged and have any incorrect charges corrected by notifying the City of Delray Beach Utilities Customer Service Division.

APPLICANT'S SIGNATURE _____ DATE _____

BANK AUTHORIZATION INFORMATION

Bank Account # _____ Bank Telephone # _____
(10-digits)

Bank Name _____

Bank Address _____

City _____ State _____ Zip _____

Bank Transit # _____
(9-digits)

Type of Account: (check one) Checking _____ Savings _____ Other _____