



CITY OF ATLANTIC BEACH

800 Seminole Road
Atlantic Beach, FL 32233-5445
Phone: 904-247-5816
Fax: 904-247-5877
Email: customerservice@coab.us
Website: www.coab.us

**City of Atlantic Beach, Florida
Automatic Payment Service (APS)
Bank Drafting Authorization Agreement**

A **voided check** for the account from which the payment will be made must be attached.

Bank information

Bank: _____

Bank A/C#: _____ Bank Transit/ABA #: _____

Customer information

Customer name: _____

Last 4 of social security #: _____

Utility Account#: _____ - _____ Cycle #: _____

Telephone: Home #: _____ Cell/Work #: _____

Bank drafting authority is to remain in full force and effect until the City of Atlantic Beach has received written notification from me of its termination, in such time and in such manner, as to afford the City of Atlantic Beach and the financial institution named above a reasonable opportunity to act on it.

I hear by authorize the City of Atlantic Beach to initiate debit entries and, if necessary, credit entries and adjustments to my checking account from the above mentioned financial institution.

Utility Account Holder's Signature _____

Date _____

Only customers using a financial institution within the United States are eligible for this program. If the City receives notice that a customer has insufficient funds to cover a bank draft payment, the utility's insufficient funds and penalty policy will apply. If the customer has more than one insufficient funds situation in a 6-month period, the customer will no longer be eligible for this program.