

# City of Titusville

## Customer Service Division

555 SOUTH WASHINGTON AVENUE  
TITUSVILLE, FLORIDA 32796-3584  
POST OFFICE BOX 2807 (32781-2807)



(321) 383-5791  
FAX (321) 383-5848

Date \_\_\_\_\_

Customer \_\_\_\_\_

Address \_\_\_\_\_

Titusville, FL \_\_\_\_\_

RE: Bank Drafting Form

Account Number \_\_\_\_\_

Dear Sir or Madam,

Enclosed is the ACH Enrollment Agreement you requested. Please complete the form and return it along with the voided check or deposit slip to the following address:

City of Titusville  
P. O. Box 2807  
Titusville, FL 32781

This process can take 60 to 90 days before your account will be bank drafted. Please continue to pay your monthly utility bill until this process has completed. You will know the process has completed when your statement shows the following:

At the top of your statement **\*\*Bank Draft\*\***

At the bottom of your statement "Your bank account will be drafted for:"

If you have any questions please contact the Customer Service office at 383-5791.

Sincerely,

Danielle M. Trazzera  
Customer Service Manager

NEW ENROLLMENT \_\_\_\_ STOP ENROLLMENT \_\_\_\_ CHANGE ENROLLMENT \_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL  
(ACH DEBITS)**

I hereby authorize CITY OF TITUSVILLE hereinafter called "Company," to initiate debit entries to pay my utility Bill and to initiate, if necessary, credit entries and adjustments for debit entries in error to my (our) and the financial institution named below, hereinafter called "depository" to credit and/or debit the same to such account.

FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

TYPE OF ACCOUNT CHECKING OR SAVINGS ACCOUNT NUMBER

\_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK IF PAYING BY CHECKING ACCOUNT, IF  
PAYING BY SAVINGS ACCOUNT, PLEASE ATTACH SAVINGS DEPOSIT SLIP**

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such manner as to afford Company and financial institution named above a reasonable opportunity to act on it.

NAME: \_\_\_\_\_  
(PLEASE PRINT)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALLOW 2 TO 3 BILLING CYCLES FOR PROCESSING**

ACCT #: \_\_\_\_\_

CYCLE/ROUTE \_\_\_\_\_

ADDRESS \_\_\_\_\_