

**CITY OF KEY WEST
REVENUE DEPARTMENT**

**P. O. Box 1409
Key West, FL 33040-1409
www.keywestcity.com
(305) 809-3861
fax (305) 809-3813**

ELECTRONIC DEBIT/BANK DRAFT AUTHORIZATION

NEW APPLICATION _____ CHANGE IN APPLICATION _____

Application Date: _____
Customer Name(s): _____
(as it appears on account)
Social Security/Federal I.D. Number: _____
Telephone Number(s): Work () _____ Home () _____ Cell () _____

CITY OF KEY WEST CUSTOMER ID NUMBER(S) TO BE CREDITED

Property Address: _____

**FINANCIAL INSTITUTION INFORMATION
(U.S BANKS ONLY)**

Financial Institution Name: _____
Financial Institution Address: _____
City: _____ State: _____ Zip: _____
Financial Institution Routing Number: _____
Account Name(s) _____
(as it appears on account)
Financial Institution Account Number: _____
Telephone Number(s): () _____ Checking: _____ Savings: _____

I hereby authorize the City of Key West to initiate electronic debit entries and to initiate, if necessary, electronic credit entries and adjustments for any electronic debit entries in error to my account indicated above and the financial institution named above to electronically debit and/or electronically credit the same to such account. **I agree to allow the City of Key West to electronically debit my bank account named herein for my sewer/solid waste/stormwater utility billing approximately 1 to 4 days prior to the due date of the bill.** If a monthly billing is not received, it is the customer of record's responsibility to contact the City of Key West to obtain the billing amount. I further agree that if any such electronic transaction is returned, whether with or without cause, the City of Key West shall be under no liability whatsoever, even though such return results in the disconnection and/or the filing of liens on the property for which service is provided.

This authority is to remain in effect until revoked by me in writing and until the City of Key West actually receives such notice. I agree that it shall be fully protected in drawing any such electronic debit or electronic credit. The City of Key West reserves the right to cancel this bank electronic debit authorization 30 days after notification. I understand that if any such electronic debit be returned by my financial institution and any amount due is not paid in accordance with the terms of the customer service policy, the sanitary sewer lines may be subject to disconnection and/or liens will be filed against the property. Should any electronic debit be returned as uncollectible, the amount will be subject to a \$25.00 fee or 5% of the billing, whichever is greater. A 12-month history of unreturned checks must be maintained before my account can be put back on an electronic debit status. Should any change in financial institution occurs, I will notify the City of Key West within 30 days of the change. I understand my account(s) will be removed from the electronic debit status at the time a disconnection request is made. Any remaining balance must be paid by check or cash. Should I wish to discontinue participation in the electronic debit program, I will notify the City of Key West in writing 30 days prior to the actual termination date of the program.

I understand my request for electronic debit will not take effect until after a pre-note has been processed. The pre-note will occur on your next scheduled billing date. You are responsible for the payment. The following monthly billing will be debited from your bank account.

SIGNATURE: _____ DATE: _____

- **PLEASE ATTACH A VOIDED CHECK, SHARE DRAFT OR OTHER INSTRUMENT FOR ACCOUNT NUMBER VERIFICATION**