



TAPP – TAMARAC AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

Please complete and sign this application. PLEASE INCLUDE A VOIDED CHECK (NO STARTER CHECKS), OR A SAVINGS ACCOUNT DEPOSIT SLIP WITH THIS APPLICATION.

Mail to or drop off: City of Tamarac 7525 NW 88th Avenue, Tamarac, FL 33321

Utility Account Information:

Utility Account # (as it appears on your bill): _____ - _____

Name on water account: _____

Service Address: _____

Mailing Address (if different): _____

Phone # _____ Alternate # _____

Email address _____

Financial Institution Information:

Bank Name _____

Name on your bank account _____

Bank Routing–Transit Number: _____

Bank Account Number: _____

Checking Savings

I hereby authorize the City of Tamarac to initiate monthly debit transactions from my bank account referenced above to pay for the utility account listed on this form. I understand that the City will add a return item fee for all NSF transactions, and that my utility service will continue to be subject to late fees and the risk of disconnection in case I fail to pay the outstanding amount on the bill. I understand and agree that I will not hold the City liable for errors or omissions arising from my Financial Institution. I also understand that regardless of errors and omissions that may come from my Financial Institution it is my obligation to make my utility bill payment, and satisfy whatever amount is past due. I have the right to cancel this agreement by filling the TAMARAC AUTOMATIC PAYMENT PLAN CANCELLATION FORM prior to my next billing cycle. If I elect to cancel this agreement, I declare that I will make satisfactory arrangements to have my future bills paid on time. I further understand that both my Financial Institution and the City of Tamarac reserve the right to terminate this Automatic Payment Plan Authorization Agreement, and my enrollment in this program at any time without prior notice.

Automatic payments usually take one to two billing cycles (one to two months) after receipt of your authorization; however, the City cannot guarantee the commencement date since it is subject to the approval of your Financial Institution. Please be aware that it is imperative to notify us any time you change Financial Institutions or bank account information in order to avoid unnecessary return items on your account.

You will know that the automatic withdrawal request is in effect once the statement "BANK DRAFT – DO NOT PAY" appears on your utility statement.

Your Financial Institution may require you to fill out additional documentation to initiate this program. Some Financial Institutions may also include a charge or fee for processing automatic payments. Please check with your Financial Institution for any such additional program requirements.

AGREED AND ACCEPTED BY:

Print Name: _____

Signature: _____ Date: _____

Thank you for enrolling in our automatic payment service. Should you have any questions please contact us at 954-597-3590.