

CITY OF GROVELAND, UTILITIES DEPARTMENT

NATIONAL PAYMENT SOLUTIONS 506
MANCHESTER EXPWY SUITE A-12
COLUMBUS, GEORGIA 31904

1-888-554-9356

AUTHORIZATION AGREEMENT FOR ACH DEBIT

Utilities Account Number: _____ - ____ / _____ - ____

I hereby authorize NPS hereinafter called COMPANY, to initiate debit entries to my account indicated below and the depository named below hereinafter called DEPOSITORY to debit the same such account. Dishonored payments can be represented electronically for the check amount and service charges as permitted by state laws.

DEPOSITORY INSTITUTION: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TRANSIT/ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This agreement is to remain in effect until COMPANY and DEPOSITORY have received written notification of termination 30 days prior in advance.

Name: _____ Phone#: _____

Signature: _____ Date: _____

SERVICE ADDRESS _____

ATTACH COPY OF VOIDED CHECK

Return to:
City of Groveland 156 S.
Lake Avenue Groveland,
FL 34736
352-429-2141
EXT 221 AND 222
FAX 352-429-3852

IMPORTANT NOTICE: Transfer will occur on the 1st of each month, or the next business day if the 1st falls on a holiday or weekend.

Date Received _____ Processed by _____