

CITY OF WINTER GARDEN



300 W Plant St • Winter Garden, FL 34787

407-656-4100 • 407-656-1279 (F)

www.cwgdh.com

E-mail - customerservice@cwgdh.com

AUTHORIZATION AGREEMENT FOR AUTOMATED BILLING (ACH DEBIT)

Name: _____ Account Number: _____

I hereby authorize the City of Winter Garden, to initiate debt entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my checking or savings account as indicated below and the depository (bank of my choice) named below, hereinafter called Financial Institution, to debit and/or credit the same to such account.

We will be happy to complete the necessary information listed below using your voided check, except your phone number, unless this information is listed on your check.

Financial Institution Branch _____

City _____ State _____ Zip Code _____

Routing #: Transit/ABA No. _____

Checking Account No. _____

(A voided check must be attached)

Savings Account No. _____

(A savings withdrawal slip must be attached)

Home No. _____

Cell No. _____

I would like to Enroll in Paperless Billing Email: _____

This authority is to remain in full force and effect until the City receives a written notification from me of its cancellation in such time and such manners as to afford the City and the Financial Institution a reasonable opportunity to act on it.

Signature _____ Date _____