

**AUTOMATIC PAYMENT WITHDRAWAL AUTHORIZATION**

**CEDAR KEY WATER AND SEWER DISTRICT**

**P.O. BOX 309**

**CEDAR KEY FL 32625**

**CUSTOMER INFORMATION**

Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

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

Name on Account: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Cedar Key Water and Sewer District to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand that I may revoke this authorization at any time by sending a written notification to the Cedar Key Water and Sewer District.

Cedar Key Water and Sewer District reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

\_\_\_\_\_  
Print Authorized Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date