



City of Safety Harbor Florida

HOME OF ESPIRITU SANTO MINERAL SPRINGS

750 Main Street ☩ Safety Harbor, Florida 34695 ☩ (727) 724-1555
FAX 724-1566

Please read this page completely

Dear Bank Draft Customer,

Thank you for becoming a bank draft customer! You are one of many who will enjoy the convenience of this program.

In order to process your request to direct debit your utility bill, we ask that you provide us with a check from the account you wish to pay your bill. This check will be marked as "Void" and used in the (trial run) or "Pre-Note" process. At this time, you will also be asked to sign authorization papers that will approve the City of Safety Harbor to direct debit your account. This will ensure account number and bank routing accuracy. During the "Pre-Note" time period, you will be required to pay your utility as usual.

Your *next* utility bill will state above the amount enclosed box "****Bank Draft****". This bill will inform you of the amount that will be debited from your bank account. Also at this time, please take note of the cycle number listed near the upper left hand corner. The cycle number corresponds with the date your account will be debited. Cycle 1 – is the 25th of the month; Cycle 2 – is the 5th of the month; and Cycle 3 – is the 15th of the month. If your automatic bank draft day should fall on a weekend or holiday, your account will be debited the next business day. You will receive your "Bank Draft" utility bill prior to debiting your bank account.

You must notify us in writing if you change banks, or close your account. If you have any questions or concerns regarding this direct debiting procedure, please contact our office at (727)724-1555.

Sincerely,

City of Safety Harbor
Utility Billing Department



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AUTHORIZATION FOR AUTOMATIC PAYMENTS BY BANK

To participate in the automatic bank draft program, you will need to do the following:

- Complete this form
- Return the completed form to the Utility Billing Department with a voided check attached
- Continue to pay your bill until the statement states “****BANK DRAFT****”

CUSTOMER INFORMATION:

Utility Account Number

Service Address

Customer Name (please print)

Mailing Address (if different)

Home Phone

Work/Cell Phone

Mailing Address (continued)

BANK INFORMATION (attach voided check)

Financial Institution

Branch (address)

City, State, Zip

Account Number at Financial Institution

Routing Number at Financial Institution

I hereby authorize the City of Safety Harbor to initiate monthly automatic transactions for payment of the above referenced utility account until this authorization is removed in writing. I understand that the City of Safety Harbor reserves the right to discontinue my participation in the automatic payment program if payment is rejected by my financial institution. A fee will be added to my account for each non-paid automatic transaction.

Signature

Date