



**Pre-Authorized Payment (ACH) Service
Authorization Agreement**

I _____ authorize the Town of Oakland and the financial institution listed below to electronically direct debit my account specified below for my utility payment which includes: **water, trash removal, tax and violations.** All direct debit payments will be processed within 5 days prior to the due date stated on your monthly water bill.

You must attach a voided check in order to process your request.

Bank Name

Branch Location

City

State Zip

Bank Transit/ABA Number

Name on Utility Account

Bank Account Number

Utility Account Number

Home Phone Number

Service Address

This authorization will remain in full force and effect until the Town of Oakland has received written notification of its termination in such time and in such manner as to afford the Town of Oakland reasonable opportunity to act on it. A copy of this authorization will be provided, upon request. If a direct debit is returned for any reason, the Town will access a \$25.00 returned item fee. Please continue to pay your utility bill until your bill indicates the direct debit program has been established.

Signature

Date

Please return this completed form to the Town of Oakland utility billing office or mail to:

Utility Billing - Attn: ACH
P.O. Box 98
Oakland, FL 34760-0098

Printed Name _____

Please return this completed form to the Town of Oakland utility billing office or mail to:

Utility Billing - Attn: ACH
P.O. Box 98
Oakland, FL 34760-0098