

## **AUTOMATIC BANK PAYMENT Authorization Form (US Banks only)**

Please print clearly when completing this authorization form.

	Utility Account No.
Name on Utility Account	
Name of Tenant (where applicable)	
Service Address	
City, State, Zip + Four	
Naples Phone No Alte	ernate Phone No.
Email Address	
Financial Institution ( <b>US Banks only</b> )	
Name of account holder(s)(Name(s) as they appear	ar on your check from the above US Bank)
Transit Routing No	
Account No.	
I (we) hereby authorize Collier County Utility Billing to listed above. I (we) authorize the financial institution to County Utility Billing. I (we) also authorize Collier Co and adjustments from any debit entries in error to my effect until I (we) notify Collier County Utility Billing is must afford the financial institution a reasonable opport and the financial institution may terminate this agreeme	to debit the amount of my monthly bill to Collier bunty Utility Billing to, if necessary, credit entries (our) account. This authorization is to remain in in writing of its termination. My (our) notification rtunity to act on it. Collier County Utility Billing
Signature of account holder 1	Date
Signature of account holder 2	
(Signatures are required from both a	ccount holders if bank account is in joint names)

Collier County Utility Billing will print a message on your bill to confirm your enrollment. It takes four to six weeks to complete your enrollment so please continue to pay your bill as normal until you receive the message on your bill confirming enrollment.

Please attach a <u>voided check or bank letter</u> (Bank Deposit Slips are not accepted) from your US Bank Checking or Savings Account, that includes the Transit Routing Number, and return to:

Collier County Utility Billing, 4420 Mercantile Avenue, Naples, Fl 34104