



2042 Park Avenue  
Orange Park, FL 32073  
904-264-9565

### Automatic Debit Bill Payment Authorization Form

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

Service Address: \_\_\_\_\_

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

Town of Orange Park Account Number: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Type of Account (check one): Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

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

**Please Note: For this authorization to be processed and considered valid you must attach a voided check or bank draft from the account you are authorizing The Town of Orange Park to debit for your monthly bill payment. The first draft from your account will take place on the second month following intial signup.**

I hereby authorize The Town of Orange Park and my financial institution to process payment and debit my above referenced account on the 15<sup>th</sup> of each month. I may cancel this authorization at any time by notifying The Town of Orange Park in writing at least ten (10) working days before the due date on my monthly bill. **The Town of Orange Park may discontinue my participation and enrollment in the automatic debit bill payment program at any time.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Account Signature (if applicable)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date