

Dear City of Key Colony Beach Homeowner,

Instead of sending us a check to pay your quarterly Wastewater fees, we would like to invite you to enroll in our automatic payment program!

Enrolling in our program will be more convenient to you while also greatly reducing the time our staff requires to process your payments. Your Wastewater payment will be withdrawn from your checking account at pre-determined dates, and you still will receive a quarterly invoice and notification that the withdrawal will be occurring soon.

To enroll in our automatic payment program, please complete the attached form and return with a copy of a voided check from your account. Please contact City Hall with questions!

Your City Hall Staff
City of Key Colony Beach

City of Key Colony Beach

PO Box 510141, Key Colony Beach, FL 33051

P: 305-289-1212, F: 305-289-1767 Email: clerk2@keycolonybeach.net

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking account. Just complete, sign and attach a voided check to this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking account. You will be charged the amount indicated below each billing period. A receipt for each payment will be mailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that other than your invoice, no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I, _____ of _____, Key Colony Beach, FL 33051
(Full name) (KCB Property Address)

authorize The City of Key Colony Beach to charge my bank account indicated below on the
21st of each quarter (Oct/Jan/Apr/July) for payment of my Waste Water Utility Invoices

Mailing Address _____

Phone# _____

City, State, Zip _____

Email _____

**** Please attach a voided check ****

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The City of Key Colony Beach in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the 2nd business day after. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction date. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that The City of Key Colony Beach may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.