

**CITY OF NORTH LAUDERDALE**

**AUTOMATIC BILL PAYMENT (ABP)  
AUTHORIZATION**

Please complete and sign this application. **ATTACH OR ENCLOSE A VOIDED CHECK OR SAVINGS DEPOSIT SLIP WITH THE AUTHORIZATION.**

- Mail or return with your Utility Payment to:  
City of North Lauderdale  
701 SW 71 Avenue,  
North Lauderdale, Fl. 33068

All payments must be made in U.S. dollars.

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**Customer Account Information:**

List the **utility account number** and corresponding **service addresses** that you wish to enroll:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name on your account(s) \_\_\_\_\_

Phone number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**Financial Institution Information:**

Bank Name: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_ Type of Acct: Checking  Savings

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

Bank Transit Number(ABA): \_\_\_\_\_  
(The nine-digit number on the bottom left of your check or savings deposit slip)

I hereby authorize my financial institution and the City of North Lauderdale to withdraw funds from my account two business days before the due date to pay my utility bill rendered to me by the City of North Lauderdale. I understand my bank account will be charged the full amount of my bill and this contract would be in effect for the minimum of one year. I agree to notify the City promptly if I change banks or if my banking account number changes. I also understand that if this ABP debit is not honored by my bank or financial institution for any reason, my utility account will be assessed a fee and my utility service may be disconnected for non-payment. Customers with two or more return items may be removed from the ABP. I also understand that the City can stop my participation if necessary.

**YOUR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Signature required to process application)

**NEVER WRITE A CHECK FOR YOUR UTILITY BILL AGAIN!**