

CID#: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

CYCLE#: \_\_\_\_\_

THE CITY OF ENTERPRISE WATER WORKS  
PO Box 311000, ENTERPRISE, AL 36331-1000  
PHONE: 334-347-1211 FAX: 334-348-2613  
[www.cityofenterprise.net](http://www.cityofenterprise.net)

**AUTHORIZATION AGREEMENT TO CHANGE AUTOMATIC BILL PAYMENT PLAN (DEBITS) FROM ONE FINANCIAL INSTITUTION TO ANOTHER OR ONE BANK ACCOUNT TO ANOTHER**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*(as it is shown on the account)*

Service \_\_\_\_\_

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

Water Account \_\_\_\_\_

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

Contact Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name of Old Financial Institution: \_\_\_\_\_ Old Acct #: \_\_\_\_\_

Name of New Financial Institution: \_\_\_\_\_ New Acct#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT PLAN (DEBITS) CHANGE FINANCIAL INSTITUTION**

I hereby authorize The City of Enterprise Water Works (City), as my agent to change the bank / bank account to the Financial Institution and/or account number indicated above (copy shown below) to automatically debit my bank account for payment of all bills issued to my account or in my name by the City. The City will advise, by notice on my bill, that my bank account has been debited. I understand I must notify the City in writing within 30 days from the due date of the bill of any dispute regarding the amount of the bill.

I understand the City will impose a processing fee of \$30.00 if the draft is not paid by my bank due to insufficient funds or my account being closed. This authorization will be in effect until the City is given written notice of termination. I understand my notice must be received by the City in time for it to have a reasonable opportunity to act.

In consideration of this service to the extent permitted by applicable law, I do remise, release, and discharge the city, its offices, agents, and employees from any liability or claims arising from or relating to the debit of my account by the City. I agree that the City will not be responsible or liable for any claims relating to the debit of my account and under no circumstances will the City be liable for consequential, or special damages. In addition, I agree the City will not be liable for the acts or omissions of others, including the bank and cleaning houses which receive and transmit the debit instructions.

**NOTE: A VOIDED CHECK OF THE NEW BANK ACCOUNT MUST BE ATTACHED FOR THIS TO BE PROCESSED**

(For Office Use Only) Processed by: \_\_\_\_\_ Date Completed \_\_\_\_\_