Utility Billing & Collections Division
900 East Strawbridge Avenue | Melbourne, FL 32901
Phone : (321) 608-7100 | Fax: (321) 608-7199
Website: www.melbourneflorida.org
Email: water.sewerbills@mlbfl.org
Office Hours: Monday – Friday 8:30-5:00

City of Melbourne
The Harbor City

Authorization Agreement for Automatic Debits (ACH)

Bank Draft Payment (ACH) Enrollment

Complete the ACH authorization agreement information below to enroll in the automatic bank draft payment option. This application must be returned to our office via mail or email with a VOIDED check. Once activated, your next bill statement will display the message "Bank Draft - Do Not Pay". This may take 4-6 weeks to process.

Cancel Bank Draft Payment

You may cancel Automatic Debit payment option by completing the information below. This may take 7 to 8 business days to process.

Change of Banking Accounts

You may change bank accounts by completing the information below and enclose a VOIDED check from the new bank account. This may take 7 to 8 business days to process.

Non Sufficient Funds

ACH payments returned for insufficient funds will be automatically inactivated from the ACH payment option and the account holder may not re-enroll for one year.

☐ **ENROLL** ☐ **CANCEL** ☐ **CHANGE BANK ACCOUNT** ***(Please Print)***

Name on Account _____ **Customer Account #** _____

Service Address _____

Phone Number _____

☐ **CHECKING** ☐ **SAVINGS**

Financial Institution Name: _____ **Phone Number:** _____

Routing Number ☐☐☐☐☐☐☐☐☐ **Account Number** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I authorize the City of Melbourne to initiate debit entries for payment of utility bills each month and if necessary, to initiate credit entries and adjustments for any debit entries in error to my bank account at the financial institution named above. This authority is to remain in force and effect until City of Melbourne has received written notification from me of its termination in such time and manner as to afford the City of Melbourne and the financial institution a reasonable opportunity to act upon it.

_____ _____
Signature **Date**

THIS FORM MUST BE SIGNED AND A VOIDED CHECK MUST BE ATTACHED OR SCANNED TO ENROLL OR CHANGE BANK ACCOUNTS