



Express Pay



YES I want to save time and money. Please make my monthly utility bill payment through the City of Sarasota Utility Billing automatic payment plan.

I hereby authorize the City of Sarasota to initiate utility bill payment deductions from my checking account or savings account in the banking institution listed below. I have attached a VOIDED check FOR CHECKING ACCOUNT, OR DEPOSIT SLIP FOR SAVINGS ACCOUNT. Please make sure the voided instrument sent has current information only.

Name of Financial Institution _____

(U.S. Banks Only)

Branch Address _____

City _____ State _____ Zip _____

Routing Number _____

(This is the 9-digit number in the lower left corner of your check or deposit slip)

Account Number _____

Please check one: This is a checking account. This is a savings account.

I understand the payment will be initiated on the bill due date (15 days after the bill date). If the due date does not fall on a business day, the charge will be initiated on the first business day following the due date.

This authorization is to remain in full force and effect until the City of Sarasota and my financial institution have received written notification of its termination in such time and in such manner as to afford both the City of Sarasota and my financial institution a reasonable opportunity (estimated to be 30 days) to act upon such termination.

I agree that it is my responsibility to check my bill each month for the amount that will be drafted on the bill due date. I understand it is my responsibility to make sure there are sufficient funds in the account at all times to make the required payments. Return items will be charged a fee the greater of 5% or \$20.00. If there is more than one return item in a 6-month period, account will no longer be eligible for the program. The dollar amount of each month's bill may vary. I understand it is my responsibility to review my bill and contact the Utility Billing Office prior to the bill's due date if I have a dispute with the charges. I agree that I will not hold the City of Sarasota responsible in any way for drafting an amount equal to the bill amount.

Print Name _____

City of Sarasota Utility Account Number(s) _____

Service Address _____

Phone Number (____) _____ Alternate Phone Number (____) _____

Signature _____ Date _____

Signature _____ Date _____

NOTE: If joint account, both parties must sign.

Please allow 4 to 6 weeks for your application to be processed. You will still receive a monthly statement each month indicating the amount that will be charged. Please continue to pay your bill until this office has notified you or you see a message on your bill stating that your bank account will be drafted.

DON'T FORGET TO SEND YOUR VOIDED CHECK OR DEPOSIT SLIP!