

**The City of Cape Coral**  
**DIRECT PAY AUTHORIZATION FORM**

**The City of Cape Coral**  
Customer Billing Services Division  
PO Box 150006  
Cape Coral, FL 33915-0006  
Phone: (239) 574-7722 Fax: (239) 242-3898

*This form can be mailed or faxed to "Customer Billing Services" at the address or fax number above.*

I do hereby authorize the City of Cape Coral to withdraw funds monthly from the bank account shown below. The withdrawal will be about 15 days after the bill date shown on my utility bill. This authorization is to remain in effect until the City of Cape Coral receives written notice from me terminating the authorization for Direct Pay. In addition, I have the right to discontinue participation in the Direct Pay program by notifying in writing the Customer Billing Services Division at least two weeks prior to the due date of the payment. I will still be responsible for payment of my bill by the due date. I understand, however, that both the Financial Institution and the City of Cape Coral reserves the right to terminate this payment plan or my participation.

**A fee of up to \$40.00 will be charged by the City of Cape Coral for all transactions resulting in insufficient funds.**

**Note:** The Financial Institution may also charge for payments returned from the bank for insufficient funds.

**New Account**       **Change Account Information**       **Discontinue Direct Pay**

**Utility Account Number:** \_\_\_\_\_

**Utility Account Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

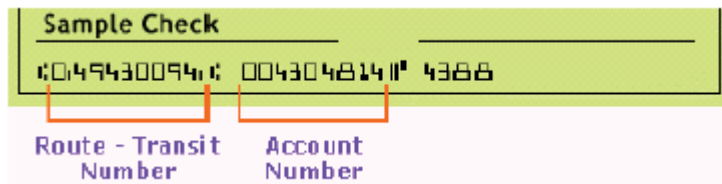
**Bank Name:** \_\_\_\_\_

**Bank Route - Transit Number:** \_\_\_\_\_

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

**Checking (Attach Voided Check)**

**Savings (Contact Bank for Account & Routing Number)**



**Print Name:** \_\_\_\_\_

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