

**CREDIT CARD DRAFT
LEE COUNTY UTILITY BILLING DEPARTMENT**

Authorization Agreement for Prearranged Payments (Debits)		
NAME	HOME PHONE	WORK PHONE
STREET ADDRESS	CITY	ZIP CODE
Email Address:		
Utility Account Number		
Address to which credit card bill is mailed <input type="checkbox"/> Same		
Credit Card Number	Expiration Date	
Type of Card (Check One) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (Debits)

I hereby authorize the Lee County Utility Billing Department, hereinafter called UTILITY DEPARTMENT, to automatically debit my credit card account for payment of monthly utility bill. This authorization is to remain in full force and effect until the UTILITY DEPARTMENT has received written notification from me (or either of us) of its termination in such time and manner as to afford the UTILITY DEPARTMENT and the applicable Financial Institution a reasonable opportunity to act on it.

I understand the UTILITY DEPARTMENT will continue to send me a monthly bill before my bank account is charged and that I have the right to stop a debit by notifying my financial institution at any time up to three banking days before the scheduled date of the debit. I understand that my bank account will be debited on the due date of my account, or in the event that is a weekend or holiday, the following business day. I further understand that the UTILITY DEPARTMENT may impose a processing fee of \$30.00 in the event that a debit entry is not paid by my financial institution, and additionally, any applicable penalties and fees will apply.

SIGNATURE _____ **DATE** _____

NOTE: Be sure to attach a copy of Drivers License, sign, and date the authorization form.