



BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES (WWS)
BUSINESS OPERATIONS DIVISION
 2555 WEST COPANS ROAD, BLDG. 1
 POMPANO BEACH, FL 33069
 (954) 831-3250 • water@broward.org

Internal Use Only:
 Set Up Date: _____
 CSR Initials: _____

Auto Pay Authorization Form

I hereby authorize Broward County Water and Wastewater Services (WWS) to automatically withdraw funds from my bank account (shown below) each month, to pay my utility bill on the due date shown on the bill. If the payment due date falls on a weekend or holiday, I understand that the withdrawal may be executed on the next business day. This authorization will remain in effect until WWS receives a written notice from me regarding changes to the banking information provided or terminating this authorization, at least 15 days prior to the next billing date. I also acknowledge that I am still responsible for payment of my bill by the due date after termination of this authorization. I understand that WWS reserves the right to terminate my participation in this payment option after 2 automated withdrawals are declined by my bank within a 12-month period and the account can be placed on 'Cash Only' status for one year. I understand that a returned item fee will be charged by WWS for all withdrawals declined by my bank due to insufficient funds or account changes, and the fee will be based on the amount of the declined transaction.

Please complete the information below then sign and date the form:

WWS Account Name _____

WWS Customer # (located top left of your invoice) _____

Service Address _____

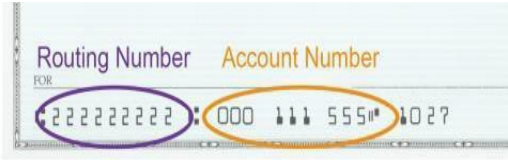
Phone # _____

City, State, Zip _____

Email Address _____

I would like to receive an electronic bill instead of a paper bill? Yes No

Account Type:	Checking	Savings (Obtain Account & Routing Number from Bank)
Name on Account	_____	
Bank Name	_____	
Bank Routing #	_____	
Bank Account #	_____	



The diagram shows a routing number '222222222' circled in purple and an account number '000 111 555 102?' circled in orange. Labels 'Routing Number' and 'Account Number' are placed above their respective circles.

By printing my first and last name in the signature field below I am confirming that the information provided is current and accurate. This form will be submitted to a secure internal document management system for processing.

SIGNATURE _____

DATE _____