City of Tuscaloosa
Water Works and Sewer Department

**AUTHORIZATION AGREEMENT FOR
AUTOMATIC BILL PAYMENT PLAN (DEBITS)**

Customer Name (as shown on account): _____

Service Address: _____

Contact Phone Number: _____

Water Account Number: _____

Water Customer ID: _____

Name of Financial Institution: _____

Routing # _____   Bank Account # _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT PLAN (DEBITS)

I hereby authorize The City of Tuscaloosa (City), as my agent to automatically debit my bank account for payment of all bills issued to my account or in my name by the City. If for some reason the City cannot automatically debit my account, I authorize the City to issue, sign, and present a paper draft on my bank account for payment of bills rendered by the City. The City will advise, by notice on my bill, of the date my bank account will be debited. I understand I must notify the City in writing within 30 days from the due date of the bill of any dispute regarding the amount of the bill.

I understand the City will impose a processing fee of $30.00 if the draft is not paid by my bank due to insufficient funds or my account being closed. This authorization will be in effect until either party gives written notice to the other of termination. I understand that my notice must be received by the City in time for it to have a reasonable opportunity to act.

In consideration of this service to the extent permitted by applicable law, I do remise, release, and discharge the City, its offices, agents, and employees from any liability or claims arising from or relating to the debit of my account by the City. I agree that the City will not be responsible or liable for any claims relating to the debit of my account and under no circumstances will the City be liable for consequential or special damages. In addition, I agree the City will not be liable for the acts or omissions of others, including the bank and clearing houses which receive and transmit the debit instructions.

Name (please print): _____

Signature: _____

Date: _____

PLEASE ATTACH A VOIDED CHECK