



Town of Lake Placid

AUTO DRAFT FORM

Customer Full Name _____ Account#: _____

Billing Address: _____

Phone Number (s): _____ Email: _____

ATTACH COPY OF VOIDED CHECK

I certify that I am an authorized signer or designate of the account provided for auto draft transactions and that I am authorized to provide this information. I authorize the Town of Lake Placid to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to the Town of Lake Placid will revoke this authorization. I understand that the Town of Lake Placid reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice and that a \$30.00 NSF fee will be added to my account should payment be returned due to insufficient funds.

Auto draft payments are deducted from the designated account 10 business days after the bill date.

Printed Name

Signature

Date

Lake Placid Town Hall
Telephone 863-699-3747

311 West Interlake Boulevard
Fax 863-699-3749

Lake Placid, Florida 33852
<http://www.lakeplacidfl.net>