



CITY OF WINTER GARDEN
UTILITY BILLING DIVISION

300 W. Plant St
Winter Garden, FL 34787
Tel: (407) 656-4100 Fax (407) 656-1279

Dear Customer:

Your pre-authorized payment will be debited directly from your checking or savings account of your choosing for the exact amount of your monthly utility bill. This transaction will occur on your billing due date.

A message will appear on your utility bill underneath the service charges stating “**Bank Draft- Do Not Pay,**” when your bank draft service is active.

Attached is an authorization agreement to be completed by the person associated with our utility account to begin this service. If you do your banking at a credit union, brokerage firm or small banking institution, you will need to confirm your routing and bank account number. It may be different from what is showing on your actual check.

Mail this authorization agreement along with a voided check or savings withdrawal slip to: City of Winter Garden Utility Billing Division 300 W. Plant St, Winter Garden, FL 34787. Please include a daytime phone number in case we need to contact you.

This process is usually completed in 30 days; however, if our bank needs confirmation verification, the process may be delayed. Please check your utility bill monthly for the bank draft processing message to insure the payment is being processed.

If at any time you wish to stop this draft from being processed, we will need written authorization to revoke this pre-authorized payment. If you have any questions, please feel free to call our customer service number, (407) 656-4100 between the hours of 7:30 a.m. and 5:30 p.m. Monday through Friday.

CITY OF WINTER GARDEN



300 W Plant St • Winter Garden, FL 34787
407-656-4100 • 407-656-1279 (F)
www.cwgdn.com
E-mail – customerservice@cwgd.com

AUTHORIZATION AGREEMENT FOR AUTOMATED BILLING (ACH DEBIT)

Name _____ Customer ID Number _____
(Please Print) (City of Winter Garden)

I hereby authorize the City of Winter Garden, to initiate debt entries and to initiate if necessary credit entries and adjustments for any debit entries in error to my checking or savings account as indicated below and the depository (bank of my choice) named below, hereinafter called Financial Institution, to debit and/or credit the same to such account.

We will be happy to complete the necessary information listed below using your voided check, except your phone number, unless this information is listed on your check.

Financial Institution Branch _____

City _____ State _____ Zip Code _____

Transit/ABA No. _____

Checking Account No. _____

(A voided check must be attached)

Savings Account No. _____

(A savings withdrawal slip must be attached)

Home No. _____

Work No. _____

This authority is to remain in full force and effect until the City receives a written notification from me of its cancellation in such time and such manners as to afford the City and the Financial Institution a reasonable opportunity to act on it.

Signature _____ Date _____