

Town of Jupiter Utilities
PO Box 8900, Jupiter FL 33468-8900
561-741-2300, Option 2
Pre-Authorized Payment Plan Agreement

Customer Name: _____

Phone Number _____

Customer Number and Account Number: _____ - _____

I hereby authorize The Town of Jupiter to apply payment to my credit or debit card or to deduct payment from my account as indicated below.

Full Credit Card and/or Bank Account numbers are not to be written on this form. Please hand your credit card to the cashier, if in person. If mailing, a Customer Service Representative will contact you upon receipt of the form, **please provide us with a phone number** for the additional information needed of your Credit Card and/or Bank Account/Routing to get you started with auto draft.

Payments by Credit Card:

Last Four Digits of Card Number: ____ _

Payments by Bank Account:

Name of financial institution: _____.

Select One:

Last Four Digits of Routing Number: ____ _

Last Four Digits of Checking Account: ____ _

Last Four Digits of Savings Account: ____ _

I agree to and understand the following terms:

- The Town of Jupiter has the right to discontinue the Pre-Authorized Payment Plan if any two or more deductions are not honored.
- Town of Jupiter will automatically debit my bank account or credit card noted above approximately 15 days following the BILL DATE of my monthly utility bill. I understand it is my responsibility to ensure funds are available in my bank account.
- I understand I must pay all bills issued until such time that my utility bill indicates "Autopay – Do Not Pay".
- I understand if my bank account institution or credit card number changes or my bank account is closed for any reason, I will be responsible for notifying the Town of the new account number and if applicable I will be responsible for all return draft charges.
- **For Tenants only** - I understand that because the account remains in the owner's name, it is my responsibility to notify the Town should I want to discontinue pre-authorized payments. Refunds will not be provided.

Print Name on Bank Account or Credit Card

Authorized Signature

Date