

**CITY OF WILDWOOD UTILITIES**

**EZ PAY APPLICATION**

100 N MAIN STREET  
WILDWOOD, FL 34785  
(352) 330-1330 EXT.130

- INSTRUCTIONS:**
1. Provide all of the information requested below
  2. Sign the application
  3. Attach a voided check from the U.S. Financial Institution for the account being used

**Check One:**

New Application \_\_\_\_\_  
Change Account \_\_\_\_\_  
Terminate EZ Pay \_\_\_\_\_

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(Name of Financial Institution) \_\_\_\_\_ (Branch) \_\_\_\_\_

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(Address of Financial Institution) (Street) (City) (State) (ZIP)

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(Name-Please Print) (Mailing Address) (Phone Number)

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Checking Acct. No. \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Utility Account Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Account Number (s) \_\_\_\_\_

I authorize the City of Wildwood to initiate monthly debit and /or credit entries to my bank account at the financial institution named above I agree to allow the City of Wildwood to debit said account for the use of utility services. I understand that this authorization will be in effect until such time as the City of Wildwood is notified in writing that I no longer desire this service, or if there are any changes regarding my financial institution. All requests are required in writing and must be received by the City of Wildwood at least fifteen (15) business days prior to your scheduled debit date to allow the City to act upon said request. I also understand that the City of Wildwood may impose processing fees in the event my financial institution does not pay the debit entry. The City of Wildwood reserves the right to cancel this agreement after giving thirty (30) days notification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Utility Tech: \_\_\_\_\_ Date: \_\_\_\_\_