

JESSE NELSON
MAYOR
VICKIE GAINER
CITY MANAGER
KEVIN OBOS
CITY ATTORNEY



COMMISSIONERS
BRANDON ALDRIDGE
PAT PERNO
JAMIE WARRICK
JUDY VANDERGRIFT

REQUEST TO TRANSFER SERVICES

MUST PAY CURRENT CHARGES DUE IN ADDITION TO NON REFUNDABLE CONNECTION FEES
\$50.00 PER METER (INSIDE CITY LIMITS) & \$62.50 PER METER (OUTSIDE CITY LIMITS)

Account Owner's Name _____
Current Service Address: _____
Date to turn off: _____
New Service Address: _____
Date to turn on: _____
Phone Number: _____
E-mail Address: _____

Would you like to enroll in Phone or E-mail Notifications? YES NO

Turn on the Irrigation Meter if applicable? YES NO

Additional Connection fee of \$50.00 (Inside City Limits) or \$62.50 (Outside City Limits). All irrigation systems are required to have a RPZ type of backflow device installed before we can unlock the meter for use. Failure to comply does not waive the applicable fee.

Would you like to enroll in Automatic Payments? YES NO

If you would like to enroll, please complete the attached Automatic Payments Form

Residential Garbage: One 90 Gallon can is included with your service.

Requesting a second can? Additional charges apply. YES NO

Senior Garbage Rate- Must be 65+ and have two or less occupants to enroll. ENROLL

Commerical Garbage: Dumpster Size _____ Pickup Day _____

I HAVE READ AND UNDERSTAND THAT BY SIGNING BELOW, I AGREE TO THE FOLLOWING:

If an incorrect address is given above, there will be an additional water connection fee for each corrected meter.

The city cannot turn on an irrigation meter unless it has a RPZ type of backflow device installed. Failure to comply does not waive the applicable fees. The FDEP has mandated that all irrigations be equipped with a certified backflow protection assembly. It is the responsibility of the homeowner to ensure the backflow preventer is recertified every two years and maintained in good working order, in accordance with the FDEP rule 62-555.360. Failure to have the correct assembly installed will result in termination of irrigation service.

I assume all responsibility for this account whether I reside at this address or not. I understand that in order to disconnect services I must call or come into City Hall and provide my correct information as well as my forwarding information.

All faucets at the address must be in the off position before water services are turned on.

The City shall not be held liable, and the account holder hereby releases the City from any damages due to the account holder's negligence in

The City collects your Social Security number for the following purposes: classification of accounts; customer identification and verification; credit worthiness; customer billing and payments; benefit processing, tax reporting and any other lawful purpose necessary to conduct City business. Social Security numbers are NOT public records, but may be released to other governmental or commercial entities as required by law Section 119.071(5), Florida Statutes.

Signature _____ Date _____

(Office Use) CID# _____



City of Lynn Haven
 825 Ohio Avenue
 Lynn Haven, FL 32444
 (850) 265-2121

AUTOMATIC PAYMENT PROGRAM

Are you interested in a more efficient way to pay your City utility bill? Sign up for our "Automatic Payment Program" using Electronic Funds Transfer (EFT) which is simple, convenient and free. Each month you can enjoy the privilege of having your bank, savings and loan, or credit union deduct your City of Lynn Haven utility bill directly from your checking account. All you need to do is complete the authorization form and mail it back to us, with a voided check.

Approximately 3 to 6 weeks are needed to complete the setup process so that we can begin to draft your account. Once your account is set up for automatic payments your utility bill will state "DO NOT PAY -- YOUR ACCOUNT WILL BE DRAFTED ON (due date-the preselected draft date)". You must pay all bills that do not include this statement. Failure to do so may result in water services to be disconnected.

You will continue to receive a bill each month for information purposes. This will allow you the opportunity to review your charges and still have time to call the City should you have any questions prior to your account being drafted. The City will automatically transfer funds from your checking account at least 15 days after the current statement date. In order for this system to work properly, your utility account must meet program requirements and payments be current at the time you begin participation.

Draft items returned by your bank as unpaid due to insufficient funds, account closed, etc., will be treated as a returned check. A service charge will be assessed and failure to make payment could result in your utility service being disconnected. The draft will remain in effect until revoked in writing with a minimum 21-day notice or until the utility account is closed. **Bills designated as "FINAL "will not be drafted, you must pay.**

Thank you for your interest and participation in this program. If you have any questions, please call during regular working hours at (850) 265-2121.

AUTHORIZATION TO PAY CITY OF LYNN HAVEN UTILITY BILLS THROUGH THE AUTOMATIC PAYMENT PROGRAM	
<i>(Please Print)</i> Name _____ <div style="text-align: center; font-size: small;"><i>(as it appears on your utility bill)</i></div> Service Address _____ Financial Institution _____ Address of Financial Institution _____ <div style="text-align: center; font-size: x-small;"><i>(Street)</i></div> Checking Account # _____	<i>(Please list all accounts that you wish to have drafted)</i> Utility Account # _____ Utility Account # _____ Daytime Phone # _____ Financial Institution Phone # _____ _____ <div style="text-align: center; font-size: x-small;"><i>(City/State)</i></div> <div style="text-align: right; font-size: x-small;"><i>(Zip)</i></div> Routing # _____
<u>Please check with your financial institution for the correct account number to be used for ACH transactions, as it may be different from your regular checking account or member account number.</u>	
I authorize the above named financial institution to charge my checking account the amount of any City of Lynn Haven utility bill and to make the deduction payable to the order of the City of Lynn Haven. In making this authorization, I agree that each payment shall be the same as if it were an instrument personally signed by me. I understand that the draft date shall be at least 15 days after the billing date. This authority is to remain in effect until revoked by either of the undersigned in writing with a 21-day notice, or until the referenced utility account is closed. I also understand that both the financial institution and the City of Lynn Haven reserve the right to terminate this payment plan (or my participation within) at any time.	
Signature _____ <div style="text-align: center; font-size: small;"><i>(as it appears on bank account)</i></div>	Date _____
Signature _____ <div style="text-align: center; font-size: small;"><i>(joint account holder)</i></div>	Date _____

***** Attach voided check *****