The Villages®
Community Development Districts
Utilities

PREAUTHORIZED DEBIT AUTHORIZATION

Customer Name: _____ Begin Using this Account: _____
To insure this date please allow 30 days to process
Village Address: _____ Telephone Number: _____

The Villages, FL 321 _____

VCDD ACCOUNT TO BE PAID

Account Number (Please include the preceding letter):_____

FINANCIAL INSTITUTION INFORMATION

Please attach a VOIDED check from account you want debited.
Do not provide deposit slips.

Institution Name: _____ Routing Number: _____

Account Number: _____ **Checking** **Savings**

AGREEMENT: We hereby authorize you to make the transfer(s) indicated above until further notice from us. If this agreement changes any prior authorization between you and us, the prior authorization is hereby cancelled, and we instruct you to follow this authorization. We acknowledge that we have received an Electronic Funds Transfer Disclosure Statement which describes your and our rights and responsibilities concerning the above transfer(s). We understand that we can call you to find out whether or not the transfer has been made. We understand that it is our responsibility to have sufficient funds available in our account on the transfer date(s) in order for you to make the automatic payment(s). We acknowledge that if sufficient funds are not available in our account to cover the amount of the transfer(s), the automatic payment(s) may not be made. We further acknowledge that the Financial Institution will not be liable for any charges, including but not limited to any charges related to items returned because of insufficient funds or for any late charges or additional interest if this authorization is for automatic loan payment(s).

ELECTRONIC FUNDS TRANSFER DISCLOSURE: A pre-authorized draft is an automatic payment from your checking, savings or money market account. **Stopping Payment:** You can stop your automatic payments by writing to Village Center Community Development District, 984 Old Mill Run, The Villages, FL 32162-1675 or email utilities@districtgov.org. We must receive your stop payment request at least seven (7) business days or more before the payment is scheduled to be made. Once we have processed your stop payment request, we will stop all automatic payments. **Our liability for failure to stop a payment:** If you properly request in writing for us to stop any of your automatic withdrawals seven (7) business days or more before the withdrawal is scheduled and we do not do so, we will be liable to you for the damages which you prove are directly caused by our failure to stop the automatic draft.

AUTHORIZATION

_____ _____ _____
Account Holders Signature Printed Name Date

CANCELLATION

Date authorized to be cancelled: _____ **Account Holders Signature:** _____

Please mail or deliver to: District Finance Department
984 Old Mill Run, The Villages, FL 32162-1675
Telephone No.: (352) 750-0000

Fax Number: 352-674-1999
Email: utilities@districtgov.org

For office use only: Next Bill Due Date_____ Next Bill Amount_____
Received/Name/Date: _____ Entered/Name/Date: _____
Inactivate Existing ACH ___ _____Activate ACH _____
Note__ _____Reviewed by: _____