



CITY OF RIVIERA BEACH  
Finance and Administrative Services Department  
**ELECTRONIC FUNDS TRANSFER (EFT)  
AUTHORIZATION AGREEMENT**

**REASON FOR SUBMISSION**

New EFT Enrollment      Cancel EFT Enrollment      Change EFT Enrollment (ex. Bank or Account change)

**UTILITY ACCOUNT INFORMATION**

Customer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street City State Zip - 4

Utility Account Number: \_\_\_\_\_ Utility Customer Number (CID): \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

Financial Institution's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street City State Zip - 4

Routing / ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account (check one):       Checking       Savings

Please include a confirmation of account information on the financial institution's letterhead or a voided check. When submitting the documentation, it should contain the name of the account, electronic routing transit number, account number, and type of account. If submitting on a financial institution's letterhead, the officer's name and signature are required. This information will be used to verify your account number.

The undersigned authorizes the City of Riviera Beach (City) to initiate debit entries, initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the Financial Institution indicated above to credit and/or debit the same to such account. This Authorization Agreement is effective as of the date below and is to remain in full force and effect until the City has received written notification from me of its termination or I remove the EFT Authorization Agreement from Citizens Self Service portal at [www.rivierabeachflcitizens.munisselfservice.com](http://www.rivierabeachflcitizens.munisselfservice.com). If my Financial Institution information changes, I agree to submit an updated Electronic Funds Transfer (EFT) Authorization Agreement to the City.

Name: \_\_\_\_\_  
Please print

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month /Day /Year

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please submit completed application  
and supporting documentation to:**

**MAIL/IN PERSON**  
City of Riviera Beach  
Finance Department  
600 West Blue Heron Blvd.  
Riviera Beach, FL 33404

**EMAIL**  
[ubeft@rivierabeach.org](mailto:ubeft@rivierabeach.org)