



DIRECT BANK PAYMENT APPLICATION

CUSTOMER MAILING ADDRESS

NEW CUSTOMER INFORMATION

ACCOUNT #:
CUSTOMER #:
SERVICE ADDRESS:

To participate in Our Direct Bank Payment Program:

Complete the attached application and authorization form, and return it to us with a voided check. Write "VOID" in the space for your signature. **DO NOT MAIL IN DEPOSIT TICKETS.** Do not forget to enter the Bank Routing Number on the application. It is usually the first nine numbers on the bottom left hand corner of the check. If unsure, confirm the number used for electronic transfers with your bank.

DIRECT BANK PAYMENT AUTHORIZATION (PLEASE PRINT OR TYPE)

BANK INFORMATION

BANK ACCOUNT #:					
BANK NAME:					
BANK ROUTING # (First nine digits on the bottom left corner of check):					
TYPE OF ACCOUNT (CHECK ONE):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">CHECKING:</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">SAVINGS:</td> </tr> <tr> <td style="padding: 2px;">OTHER:</td> </tr> </table>	CHECKING:	SAVINGS:	OTHER:	<p>SOME CANADIAN BANKS MAY NOT PARTICIPATE IN THE BANK CLEARING HOUSE NETWORK, AND MUST BE INVESTIGATED PRIOR TO FINAL APPROVAL.</p>
CHECKING:					
SAVINGS:					
OTHER:					

I HEREBY AUTHORIZE SEACOAST UTILITY AUTHORITY TO INITIATE **DIRECT BANK PAYMENT** ENTRIES (CHARGES) TO MY BANK ACCOUNT AND MY BANK TO ACCEPT AND POST SUCH CHARGES FOR THE PAYMENT OF THE UTILITY BILLS RENDERED TO ME BY SEACOAST. I UNDERSTAND IF I MAKE ANY CHANGES OR DECIDE TO WITHDRAW FROM THE PROGRAM, I MUST ALLOW A REASONABLE AMOUNT OF TIME FOR SUA AND THE BANK TO TERMINATE SERVICE. I **ALSO UNDERSTAND A DEPOSIT WILL BE ASSESSED IF I WITHDRAW FROM THE PROGRAM BEFORE HAVING 25 MONTHS OF SERVICE WITH SEACOAST. ANY PAYMENT REFUSED BY MY BANK WILL BE HANDLED THE SAME AS AN "INSUFFICIENT FUNDS" CHECK (NSF) AND CHARGED THE USUAL SERVICE CHARGE. AFTER TWO REFUSED PAYMENTS BY MY BANK, THE DIRECT BANK PAYMENT WILL BE CANCELLED, MY ACCOUNT WILL BE PUT ON A "CASH ONLY" STATUS AND SECURITY DEPOSIT WILL BE REQUIRED.**

SIGNATURE:			DATE:
PRINT NAME:			
HOME PHONE #:	WORK PHONE #:	CELL PHONE #:	FAX #:

NOTE: Your enrollment in **Direct Bank Payment** will take approximately 10 business days, and will be confirmed on your billing statement. Please check your bill carefully. If it does not indicate your payment will be withdrawn from your bank, you will need to mail your payment.

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