



**SEACOAST UTILITY AUTHORITY
DIRECT BANK PAYMENT APPLICATION**

DATE: _____

NEW CUSTOMER INFORMATION:

ACCOUNT #:

CUSTOMER #:

SERV ADD:

NAME: _____

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.** Don't 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 NO _____

BANK NAME _____

BANK ROUTING NO (First nine digits on the bottom left corner of check) _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____ OTHER _____

SOME CANADIAN BANKS MAY NOT PARTICIPATE IN THE BANK CLEARING HOUSE NETWORK, AND MUST BE INVESTIGATED PRIOR TO FINAL APPROVAL.

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 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 THAT IF MY SECURITY DEPOSIT IS WAIVED, 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 A SECURITY DEPOSIT WILL BE REQUIRED.**

CUSTOMER SIGNATURE _____ DATE _____

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 If it does not say your payment will be withdrawn automatically, you will need to mail in your payment.

Mailing Address: P O Box 109602 Palm Beach gardens, Fl 33410-9602 Customer Service Phone (561) 627-2920 Fax # (561) 656-8862