

OKEECHOBEE UTILITY AUTHORITY
100 SW 5TH AVENUE
OKEECHOBEE, FL 34974-4221
863-763-9460

DIRECT DEBIT AUTHORIZATION FORM
Bank Account Other Than Named Customer

Customer Account Number

Daytime Telephone (with area code)

Customer Name (as it appears on your bill)

Rte & Seq.

Service Address (as it appears on your bill)

Name of BANK ACCOUNT HOLDER

Daytime Telephone (with area code)

Name of Financial Institution

Type of Account (Circle One)

CHECKING

SAVINGS

After providing the above information, please return this form with a voided check or savings account deposit slip, as well a copy of the bank account holder's Driver's License, to the Main Office of Okeechobee Utility Authority.

WE authorize Okeechobee Utility Authority to automatically initiate charges (debit entries) to said bank account as indicated herein, and for the bank to accept and post such charges for the payment of all bills for the above referenced account rendered by Okeechobee Utility Authority.

_____ (Customer Initials)

_____ (Bank Account Holder's Initials)

WE understand that Okeechobee Utility Authority will be required to irretrievably send the request for direct debit to the bank approximately two (2) to five (5) business days prior to the actual draw.

_____ (Customer Initials)

_____ (Bank Account Holder's Initials)

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WE understand that Okeechobee Utility Authority will continue to send a monthly statement to the utility account-holder. Each month on the bill's due date the bank account will be charged. Okeechobee Utility Authority will impose a processing fee in the event a charge is not paid by the bank.

_____ (Customer Initials) _____ (Bank Account Holder's Initials)

WE understand that either the utility account holder or the bank account holder may discontinue this payment service by notifying the Main Office of Okeechobee Utility Authority in writing, before the next billing cycle is completed. (*Signature and copy of ID required.*) WE further understand that, if the account deposit amount is based on the direct debit service, the account deposit may be required to be upgraded should the direct debit service be terminated.

_____ (Customer Initials) _____ (Bank Account Holder's Initials)

I understand that as the account holder I am responsible to be aware of any changes made to my account, including, but not limited to, the termination of the direct debit by the bank account holder.

_____ (Customer Initials)

Please sign and date this form if you agree to accept these terms as stated above.

Account Holder Signature

Date

Bank Account Holder Signature

Date

Please allow two weeks for your application to be processed. Please continue to pay your bill as you normally would until you see a notation on your bill that payment has been made from your checking account by direct debit.