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

Customer Account Number Daytime Telephone (with area code)

	Rt. & Seq. #	
Customer Name (as it appears on your bill)		
Service Address (as it appears on your bill)		
Name of Financial Institution	Type of Account (CHECKING	Circle One) SAVINGS
After providing the above information, please or savings account deposit slip to the Main Off	•	
I authorize Okeechobee Utility Authority to a entries) to my bank account as indicated here such charges for the payment of all bills rende Authority (Customer Initials)	in, and for my bank to accep	t and post
I understand that Okeechobee Utility Authorithe request for direct debit to the bank approprior to the actual draw (Customer	ximately two (2) to five (5) bu	
I understand that Okeechobee Utility Authoristatement. Each month on the bill's due date, Okeechobee Utility Authority will impose a paid by the bank (Customer Initials)	my bank account will be cha	rged.
I understand that I may discontinue this payn of Okeechobee Utility Authority in writing, be I further understand that, if the account depo service, the account deposit may be required to service be terminated (Customer Initial	efore the next billing cycle is osit amount is based on the dito be upgraded should the di	completed. rect debit
Please sign and date this form if you agree to	accept these terms as stated a	above.
Account Holder Signature	Date	

Please allow two weeks for your application to be processed. <u>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.</u>