

AUTOMATIC BILL PAYMENT AUTHORIZATION AGREEMENT

Please keep this portion for you records

I have authorized Utilities Inc. to begin deductions from my account with the financial institution named below for payment of my water and/or sewer bill. This authorization will remain in effect until revoked by me in writing.

On _____ (date) I authorized _____ (name of bank, savings and loan, or credit union) to pay and charge my account the amount of any Automatic Bill Payment service drawn on my account and payable to the order of Utilities Inc. I have signed as follows:

Signature

Date

Please detach and return this completed document along with your voided check to P.O.Box 160609 Altamonte Springs, FL 32716, or please fax both documents to 866-842-8348.

Your water and/or sewer account

Number as shown on your bill: _____

Name of your bank, savings and

Loan or credit union (please print): _____

Account from which you wish funds transferred:

Checking Acct #: _____ Savings Acct #: _____

Please print your name (as shown

on financial institution records): _____

Service Address: _____

Street

City

State

Zip

Daytime phone number: (____) _____ - _____

Be sure to enclose a voided check to draft your checking account. This document indicates the routing numbers necessary for your bank to process the draft.

Yes, please enroll me in paperless billing. My email address is _____
(I understand that each month I will receive an email with a PDF attachment of my bill.)

Please sign your name as it listed on your account. If you have a joint account both individuals must sign this form.

X _____
Signature Date

X _____
Signature Date