Fort Pierce Utilities Authority
"Committed to Quality"
206 South Sixth Street (34950)
Post Office Box 3191
Fort Pierce, Florida 34948-3191
(772) 466-1600

EZ Pay
Authorization Agreement

This completed and signed form serves as authorization for Fort Pierce Utilities Authority to debit my account for my utility bill payment each month. **I understand that this payment will be debited from my account fifteen (15) days after my billing date.**

Account Information

Account No.: | | | | | | | | | - | | | | | | |

Name: _____

Address: _____

_____

_____

Phone: _____

Last 4 Digits of SSN: _____

Banking Information

Type of Account: __ Checking __ Savings

Bank Name: _____

Bank Address: _____

_____

Account No.: _____

Transit No.: | | | | | | | | | |

(Nine digit number, left hand corner of check.)

I understand that Fort Pierce Utilities Authority will notify me in writing of the first effective date of the draft which will coincide with the due date. I will continue to send a check with my utility bill stub until I am notified.

This draft will be in effect until I notify Fort Pierce Utilities and my bank in writing that this service is no longer desired, allowing reasonable time to act on my notification and discontinue the monthly withdrawals.

I understand the Fort Pierce Utilities Authority reserves the right to revoke this authorization with or without cause at any time; and that more than one occurrence of non-sufficient funds within a 12 month period may prompt immediate termination.

Please attach a voided check for bank transit and account number verification. This authorization cannot be processed without sufficient bank information.

This authorization is not negotiable nor transferable.

_____ Phone No.

_____ Customer Signature (As it appears on your check.)

_____ Date