

**AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT**

Please review the Utility Customer Policy and Procedure Agreement carefully before submitting your authorization.

\*Required Fields Date: \_\_\_\_\_

Pre-Authorized Bank Payment Plan Enrollment Application  New  Change

\* Name:  (Please print information as it appears on bill.)

E-Mail Address:

\* Mailing Address:

\* City  State  Zip Code

\* Day Time Phone Number

\* Service Address:

\* Utility Account Number(s)

Type of Bank Account:  Checking  Savings

\* Bank Name:

\* City  \*State

\* Bank Routing No.

\* Bank Acct. No.

I hereby authorize Martin County Utilities to automatically withdraw funds from the bank account and financial institution identified above and accept such withdrawals initiated by Martin County Utilities for payment on my utility account(s) specified on this form. Once approved, my participation in the Martin County Utilities Automatic Bill Payment Program will remain in force until cancelled by written notification or upon the closing of my utility account(s). I understand that cancellation instructions may take several days to implement and that authorized withdrawals from my bank may occur prior to cancellation of my participation in the Automatic Bill Payment Program.