

***Emerald Coast Utilities Authority***  
***Pre-Authorized Checking***

Dear Customer,

Save Time, Save Money, with Emerald Coast Utilities Authority's ***Pre-Authorized Checking***

**How does it work?**

With **Pre-Authorized Checking**, you will continue to receive a monthly bill. About 10 days after you receive the bill, the amount due will be deducted from your bank account. There's nothing to remember or worry about. Your bill is paid automatically and on time. This bank draft program makes paying your utility bill simple and convenient--perfect for seniors and people on the go! **If you have more than one account with ECUA or add additional accounts in the future, all those using the same customer identification number will automatically be drafted under the Pre-Authorized Checking program from your bank. If you do not wish to have all locations drafted, please inform Customer Service of the service locations you do not want to be drafted automatically.**

**Who can join?**

Your financial institution must be a member of the National Automated Clearing House Association in order for you to join **Pre-Authorized Checking**.

**How do I sign up?**

Fill out the attached form and mail it with your bill payment. You may also bring it in to one of our offices. Be sure to read the "Terms of Agreement" section on the Pre-Authorization form. **Also enclose a voided check.** The automatic payments will begin with your second bill after we receive your authorization.

**How will I know how much is drafted?**

ECUA will send your bill as usual. Your bill will indicate the day your checking or savings account will be drafted. You will get your bill about 10 days before the money is actually drafted from your bank account. **Be sure to deduct the amount from your bank book balance!**

**What if I have a question about my ECUA bill?**

Call Customer Service at (850) 476-0480.

**What if I change banks?**

You should inform our office, and complete a new agreement. Check the box labeled "Change in Bank Information" and indicate the date you want transactions to stop drafting from the old bank account. The change will take effect with your second bill after the new authorization is received. You will need to manually pay the first bill after the new authorization as we are unable to draft from either bank account while the change is taking place.

**How do I cancel the plan?**

Check the box labeled "Cancel Pre-Authorized Checking" and indicate the effective date. Complete the lines for name, service address, account number, name of bank and bank account number, and return to our office signed. You may also fax the cancellation to (850) 494-7343. **Cancellations must be received five days before the draft date.**

**What happens if a bank draft is returned due to insufficient funds or a closed account?**

If there are insufficient funds in your bank account or the account has been closed as of the payment date, the automatic payment will **not** be honored, and you may be charged a fee by the bank and/or ECUA. **(The returned bank draft must be redeemed w/cash or a money order.)** Upon two dishonored insufficient funds transactions, you will be terminated from the plan.

Revised April 2010

# Instructions For Agreement for "Pre-Authorized Checking" Authorization

Yes, Please sign me up for Pre-Authorized Checking

1. Fill out the Authorization Agreement. (PLEASE PRINT)
2. Sign and date.
3. Be sure to read the agreement at the bottom.
4. Enclose a voided check (**deposit tickets are not permitted**). Write "void" in space for your signature. A voided check is not required if the draft comes from a savings account (**but you must submit a voided deposit slip**).
5. Return to our office or mail to: ECUA, Finance Dept., P.O. Box 18870, Pensacola, FL 32523-8870.

**Check Appropriate Box**

<input type="checkbox"/> New Application	<input type="checkbox"/> Change in Bank Information	<input type="checkbox"/> Cancel Pre-Authorized Checking
Date Effective _____	Date Effective _____	

\_\_\_\_\_  
**Customer Name (as it appears on bill)**

\_\_\_\_\_  
**Service Address**

\_\_\_\_\_  
**Mailing Address (if different)**

\_\_\_\_\_  
**Daytime Phone Number**

\_\_\_\_\_  
**Alternate Phone Number**

\_\_\_\_\_  
**Account Number as Shown on Utility Bill**

\_\_\_\_\_  
**Bank Name**

\_\_\_\_\_  
**List All Account Numbers to be Drafted (as shown on utility bills)**

\_\_\_\_\_  
**Name as Shown on Bank Account**

\_\_\_\_\_  
**ABA Transit/Routing Number**

\_\_\_\_\_  
**Bank Account Number**

**Will this be paid from:** \_\_\_\_\_ **Checking**      \_\_\_\_\_ **Savings**

### TERMS OF AGREEMENT

Authorization Agreement For Pre-Authorized Checking (Debits)

I hereby authorize Emerald Coast Utilities Authority (ECUA), as my agent, to automatically debit my bank account for payment of all bills issued by ECUA. If for some reason ECUA cannot automatically debit by account, I authorize ECUA to issue, sign and present a paper-draft on my bank account for payment of bills rendered by ECUA. ECUA will advise, by notice with my bill, of the date my account will be debited. I understand I must notify ECUA promptly upon receipt of my bill of any dispute regarding the amount of the bill. **I understand that my bank account will automatically be drafted for any additional accounts that I may open with ECUA under the same customer identification number.**

In consideration of this service, to the extent permitted by applicable law, I hereby release and hold harmless ECUA for all claims of liability, whether or not contributed to by negligence of ECUA, with respect to the debit of my account. In no event will ECUA be liable for the acts or omissions of others, including the bank and clearing houses which receive and transmit the debit instructions.

I understand ECUA may impose a processing fee if the draft is not paid by my bank due to insufficient funds or my account being closed, and that I remain personally liable for the amount of my bill in such event. This authorization will be in effect until either party has given written notice to the other of termination. I understand my notice must be received by ECUA in time for it to have a reasonable opportunity to act.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

<small>OFFICE USE ONLY</small>			
RECEIVED	CODED	CYCLE/ROUTE	BEGINS