



# SOUTH MARTIN REGIONAL UTILITY (SMRU)

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

PHONE # \_\_\_\_\_

WATER ACCOUNT # \_\_\_\_\_

COMPANY NAME: **SOUTH MARTIN REGIONAL UTILITY (SMRU)**

I (We) hereby authorize SMRU, hereinafter called Company, to initiate debit entries to my (our) checking account indicated below at the depository named below, hereinafter called Depository, to debit the same to such account.

DEPOSITORY (BANK) NAME: \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**PROPERTY OWNER'S NAME(S):** \_\_\_\_\_

(PLEASE PRINT)

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE: IN CASE OF REVOKED AUTHORIZATION, WRITTEN NOTIFICATIONS MUST BE MADE TO THE ORIGINATOR NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.**

**YOU MUST ATTACH A BLANK VOIDED CHECK WITH THIS APPLICATION**

**IF MAILING, PLEASE SEND TO: SMRU - P.O. BOX 395 - HOBE SOUND, FL 33475**