



SOUTH MARTIN REGIONAL UTILITY (SMRU)

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

PHONE # _____

WATER ACCOUNT # _____

COMPANY NAME: **TOWN OF JUPITER ISLAND/SOUTH MARTIN REGIONAL UTILITY (SMRU)**

I (We) hereby authorize the Town of Jupiter Island, 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 for payment of invoices and other obligations to COMPANY's South Martin Regional Utility. I(We) further acknowledge that I(We) remain subject to the provisions of the South Martin Regional Utility Regulations, Policies and Procedures until such invoices and other obligations are paid in full to COMPANY.

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. I(We) release, discharge and hold harmless COMPANY from any liability, claims, damages, debts, and all manners of actions or disputes arising out of or related to COMPANY exercising its rights under this Authorization Agreement.

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 AS COMPANY WILL CONTINUE TO PROCESS DEBIT ENTRIES DURING THE 15 DAY NOTICE PERIOD.

YOU MUST ATTACH A BLANK VOIDED CHECK WITH THIS APPLICATION

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