



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