



AUTOMATIC BANK DRAFT AUTHORIZATION

Charlotte County utilities can automatically draft your monthly utility payment at no charge. Charlotte County Utilities does not charge for this service, but before enrolling, please check with your bank to see if they charge for automatic debit service from your bank account.

Please continue to pay your monthly bill as usual until you see the message "DO NOT PAY - account is being drafted for the amount owed". It may take two (2) billing cycles before your first draft is made.

The amount shown on your monthly bill will be debited on the bill DUE DATE printed on each monthly bill. Please be advised if the automatic payment is not honored by your bank, your bank will return the automatic payment just as if you had a returned check. Also, if you close or change your bank account without notifying Charlotte County Utilities, you may be subject to charges from both Charlotte County Utilities and your bank.

You may cancel your participation in this program in writing at any time.

- I hereby authorize Charlotte County Utilities to initiate debit entry charges to my bank account and my bank to accept and post such charges and/or credits for utility bills rendered by Charlotte County Utilities.*
I have the right to stop payment of debit entry charges by notifying Charlotte County Utilities, in writing, prior to my bank account being debited.
I understand that this authority will remain in effect until Charlotte County Utilities receives notification in writing from me to make any changes or choose to withdraw from the program and I must notify Charlotte County Utilities and allow a reasonable amount of time for Charlotte County Utilities and the bank to cancel the automatic bank draft authorization.
I understand that Charlotte County Utilities may impose a fee in the event my bank does not pay a debit and may cancel my participation in this program.

PLEASE CHECK ONE: [] New Application [] Change Bank or Bank Account Information

Effective Enrollment/Change Date: _____ Account Type: [] Checking [] Savings

CCU Account No: _____ Contact Phone: _____

Customer Name: _____

Service Address: _____

Billing Address: _____

Name on Bank Account: _____

Bank Name: _____ Bank Phone No: _____

City: _____ State: _____ Zip: _____ Country: _____

Bank Transit/ABA No: _____ Bank Account No: _____

Please include a voided check or account verification letter from your bank showing the correct routing and account numbers. Please write "VOID" across the check and in the space for your signature. (A deposit slip or starter check will not be accepted.) We are unable to process your application without this information.

By signing below, I agree to the terms of the service stated above. I confirm that I am the person signing below and that I have the authority to do so.

Customer Signature: _____ Date: _____