



AUTOMATIC BANK DRAFT AUTHORIZATION FORM

Internal Use Only

Account #: _____
 Entered by: _____
 Entered Date: _____

 Reviewed by: _____ Date: _____
 Provided to BC Date: _____

 BC or Designee updated draft file
 Initials/Date: _____

Please complete and return this form to St. Lucie West Services District (SLWSD) at the address listed below. Provide a voided check or a direct ACH debit authorization letter from the bank.

Print Customer Name shown on St. Lucie West Services District Account Statement (Utility Account Holder)

Utility Account Number

Service Address

Mailing address (if different from service address)

Restrictions

1. No international or starter checks are accepted at this time.
2. Bank draft will be canceled if a payment is returned three (3) times within a 12-month period for NSF's. Any future payments must be submitted by a money order or credit card for a minimum of twelve (12) months. Customer may ask for a financial review after 12 months for approval to accept checks again.
3. Bank draft will be automatically canceled when the account is closed, frozen or changed for unknown reasons.
4. All requests must include a voided check or direct ACH debit authorization letter.

Authorization

- I (We) hereby authorize SLWSD to automatically commence debit entries (charges) to my bank account (and for my bank to accept and post such debit entries) indicated above for the payment of all bills rendered by SLWSD to the service address above.
- I (We) understand that SLWSD will continue to render a bill before my bank account is to be debited and that SLWSD may impose a fee in the event a debit entry is not paid by my bank.
- This authorization is to remain in effect until SLWSD has received a completed "Cancellation of Automatic Bank Draft Form" from you the utility account holder, bank account holder, or other authorized person. Restrictions (2 or 3) above will affect the bank drafts if they occur.
- I (We) have the right to stop payment by notifying SLWSD in writing seven (7) days prior to the time the bank account has been debited.
- Any erroneous or incorrect debit will be corrected upon notification to SLWSD. If corrections in the draft(s) are necessary, it may involve a credit or debit to my utility service account.
- I authorize payments each month to be retrieved twenty (20) days after the statement date.

Checking Account Holder Name(s): _____
PRINT NAME

Checking Account Holder Signature(s): _____ **Date:** _____

(2nd Signature if applicable) _____ **Date:** _____

Submit this completed form with voided check by: MAIL, FAX or EMAIL to customerservice@slwsd.org

St. Lucie West Services District
 450 SW Utility Drive
 Port St. Lucie, FL 34986