

Rely-A-Pay

Automatic Withdrawal Authorization

| Customer Name | | |
|--|---|---|
| Last | First | MI |
| Street Address | | |
| City | State | Zip Code |
| Day Phone | Home Phone | |
| OUC Account Number(s)Attach additional sheet if you have more accounts. | | |
| Financial Institution Information | | |
| Name | Branch participates in automati | c withdrawal payment plans. |
| Address | | |
| City Sta | ite | Zip Code |
| Please choose one: Savings Account # Financial Institution Routing/Transit Number (ABA) Checking Account # Please remember to attach a voided blank check for account number verification. Rely-A-Pay will usually begin within 30 to 60 days after we receive your authorization form. You'll know that the automatic withdrawal program is in effect when you receive a bill with the words "DO NOT PAY". | | |
| Rely-A-Pay customers should carefully review their monthly bill statement to identify any abnormal consumption patterns. Doing so can point out the need for energy efficiency improvements or other money-saving measures. | | |
| In the event your check is returned, you will be assest over \$500, whichever is greater for every unpaid departy and may be electronically debited to your bandable return fee. More than two instances of returned Abnormally high consumption can cause a larger a reviewing your bill, it is your responsibility to contact necessary to use an alternative payment method. | ebit. Collection of the re k account for the full fac ed checks will result in a amount than expected to | turned check may be handled by a third ce value of the check, plus the state allow- automatic cancellation from Rely-A-Pay. b be deducted from your account. After |
| I authorize the Orlando Utilities Commission to in the financial institution named above. | nitiate monthly debits an | nd/or credits to my bank account at |
| Signature | Da | ate |