



LOXAHATCHEE RIVER DISTRICT
DIRECT BANK PAYMENT APPLICATION

DATE: _____ Please Check One: Enroll _____ Withdraw _____ Change _____

NEW CUSTOMER INFORMATION:

ACCOUNT #: _____

CUSTOMER NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE NO.: _____

EMAIL ADDRESS: _____

To Participate in Our Direct Bank Payment Program

Complete the application and authorization form, and return it to us with a voided check. Write, "VOID" in the space for your signature. **DO NOT MAIL IN DEPOSIT TICKETS**

PLEASE MAIL YOUR VOIDED CHECK WITH THIS FORM.

SOME CANADIAN BANKS MAY NOT PARTICIPATE IN THE BANK CLEARING HOUSE NETWORK, AND YOU MUST INVESTIGATE PRIOR TO FINAL APPROVAL.

I HEREBY AUTHORIZE THE LOXAHATCHEE RIVER DISTRICT TO INITIATE **DIRECT BANK PAYMENT** ENTRIES (CHARGES) TO MY BANK ACCOUNT AND MY BANK TO ACCEPT AND POST SUCH CHARGES FOR THE PAYMENT OF UTILITY BILLS RENDERED TO ME BY THE DISTRICT. **I UNDERSTAND** IF I MAKE ANY CHANGES OR DECIDE TO WITHDRAW FROM THE PROGRAM, I MUST ALLOW A REASONABLE AMOUNT OF TIME FOR THE DISTRICT AND THE BANK TO TERMINATE SERVICE. **I ALSO UNDERSTAND THAT ANY PAYMENT REFUSED BY MY BANK WILL BE HANDLED THE SAME AS AN "INSUFFICIENT FUNDS" CHECK (NSF). AFTER ONE REFUSED PAYMENT BY MY BANK, THE DIRECT BANK PAYMENT WILL BE CANCELLED; MY ACCOUNT WILL BE PUT ON A "CASH ONLY" STATUS.**

CUSTOMER SIGNATURE _____ DATE _____

NOTE: Your enrollment into the **Direct Bank Payment** will become active the following quarter. You must pay this current quarter.

Mailing Address: 2500 Jupiter Park Drive, Jupiter, FL 33458-8964. Customer Service Phone (561) 747-5700 Option 2. Fax # (561) 747-9929.