



LOXAHATCHEE RIVER DISTRICT
DIRECT BANK PAYMENT APPLICATION

DATE: _____

NEW CUSTOMER INFORMATION:

ACCOUNT #: _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

PHONE NO.: _____

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.** Don't forget to enter the Bank Routing Number on the application. It is usually the first nine numbers on the bottom left hand corner of the check. If unsure, confirm the number used for electronic transfers with your bank.

DIRECT BANK PAYMENT AUTHORIZATION
(PLEASE PRINT OR TYPE)

BANK INFORMATION:

BANK ACCOUNT NO: _____

BANK NAME: _____

BANK ROUTING NO: (First Nine digits on the bottom left corner of check) _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____ OTHER _____

SOME CANADIAN BANKS MAY NOT PARTICIPATE IN THE BANK CLEARING HOUSE NETWORK, AND YOU MUST INVESTIGATED 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.