

GULF SHORES UTILITIES

P.O. BOX 1229, GULF SHORES, AL 36547
251-968-6323

_____ entered by
_____ verified by

AUTHORIZATION FOR PREARRANGED BANK DRAFT PAYMENT

(Bank Drafts will be drafted on the 10th of each month or the following business day)

CUSTOMER NAME: _____

BILLING ADDRESS: _____

SERVICE ADDRESS: _____

CUSTOMER # AS SHOWN ON UTILITY BILL: _____

NAME SHOWN ON BANK ACCOUNT: _____

NAME OF BANK: _____

CITY AND STATE: _____

BANK ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____

_____ I hereby certify that I am an authorized signer on this business account.
Initial

*****PLEASE ENCLOSE A VOIDED CHECK*****

(THIS ENSURES WE HAVE PROPER INFORMATION ON YOUR BANK ACCOUNT)

I HEREBY AUTHORIZE GULF SHORES UTILITIES AS MY AGENT, TO DEBIT MY BANK ACCOUNT FOR PAYMENT OF ALL BILLS ISSUED BY GSU. I AUTHORIZE GSU TO ISSUE, SIGN AND PRESENT AN ACH DRAFT ON MY BANK ACCOUNT FOR PAYMENT OF BILLS RENDERED BY GSU. I UNDERSTAND THAT THE DRAFTS WILL BE PROCESSED APPROXIMATELY TEN (10) DAYS AFTER THE RENDERED DATE OF THE UTILITY BILL. I ALSO UNDERSTAND THAT I MUST NOTIFY GSU PROMPTLY UPON RECEIPT OF MY BILL ANY DISPUTE REGARDING THE AMOUNT OF MY BILL.

IN CONSIDERATION OF THIS SERVICE TO THE EXTENT PERMITTED BY APPLICABLE LAW, I HEREBY RELEASE AND HOLD HARMLESS GULF SHORE UTILITIES (GSU) FOR ALL CLAIMS OF LIABILITY, WHETHER CAUSED OR CONTRIBUTED TO BY NEGLIGENCE OF GSU WITH RESPECT TO THE DEBIT OF MY ACCOUNT. IN NO EVENT WILL GSU BE LIABLE FOR THE ACTS OR OMISSIONS OF OTHERS, INCLUDING THE BANK AND CLEARING HOUSE THAT I RECEIVE AND TRANSMIT THE DEBIT INSTRUCTIONS.

I UNDERSTAND GSU MAY IMPOSE A PROCESSING FEE IF THE DRAFT IS NOT PAID BY MY BANK DUE TO INSUFFICIENT FUNDS OR ANY OTHER VALID REASON. THIS AUTHORIZATION WILL BE IN EFFECT UNTIL EITHER PARTY GIVES WRITTEN NOTICE TO THE OTHER OF TERMINATION. I UNDERSTAND MY NOTICE MUST BE RECEIVED BY GSU IN TIME FOR IT TO HAVE A REASONABLE OPPORTUNITY TO ACT. IF AFTER SEVERAL FAILED ATTEMPTS AT PROCESSING THE DRAFT, GSU RETAINS THE RIGHT TO DISCONTINUE THE REMITTING OF SAID DRAFT.

SIGNATURE OF BANK ACCOUNT HOLDER

DATE

PRINT NAME

PHONE NUMBER

GULF SHORES UTILITIES
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251-968-6323

AUTHORIZATION FOR PREARRANGED BANK DRAFT PAYMENT
(Bank Drafts will be drafted on the 10th of each month or the following business day)
(Any changes to the Bank Draft must be made on or before the 1st of the month)

Bank Draft Return Policy

If a bank draft is returned within the first 12 months of service, service will be disconnected immediately and without notice. Customers will be required to bring the account current, including the \$20.00 return item fee and the deposit, before service will be re-established. Payments will be made by cashier check, money order or cash

_____	_____
CUSTOMER ACCOUNT HOLDER SIGNATURE	DATE
_____	_____
PRINT NAME	PHONE NUMBER

COPY OF CHECK

PHOTO ID