



## AUTOMATIC BANK DRAFT FORM FOR WATER AND / OR WASTEWATER UTILITY BILL

I authorize the St Lucie County Utilities to begin deductions from my account with the financial institution named below, in the amount of my monthly utility bill. I understand that I may discontinue enrollment in the Automatic Payment Plan (APP) at any time, by sending my request, **in writing**, to the St Lucie County Utilities. As an SLCU customer, I will continue to receive my monthly utility bill for review only and that both my financial institution and St Lucie County Utilities have the right to terminate this payment plan or my participation therein.

Name on the utility bill: \_\_\_\_\_

Street Address: \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Utility Account Number: \_\_\_\_\_ - \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_

Your Financial Institution's Name: \_\_\_\_\_

Name (s) appearing on your account: \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Type of Account That Will Be Drafted:   Checking \_\_\_\_\_ Savings \_\_\_\_\_

Maximum amount to be drafted: \$ \_\_\_\_\_

The Due Date on your bill is the Draft Date from your account. Continue to manually pay your bill until you see verbiage on you bill **Do Not Pay** in the amount due on the top right of your payment stub. This application can take 4 to 6 weeks to take effect.

**Please include a VOIDED CHECK with this authorization form. U.S. FUNDS ONLY**

**I AUTHORIZE St Lucie County Utilities to auto deduct payments from my personal banking account for charges rendered by St Lucie County Utilities for my monthly Utility Bill.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or drop off to: St Lucie County Utilities  
2300 Virginia Avenue  
P.O. Box 728  
Fort Pierce, FL 34982-728  
Office Phone: (772)462-1150

Email: [Utilities\\_Customer\\_Service@stlucieco.org](mailto:Utilities_Customer_Service@stlucieco.org)