

DESTIN WATER USERS, INC.
ELECTRONIC FUNDS TRANSMITTAL PAYMENT CHANGE FORM

DWU ACCOUNT #: _____

CUSTOMER NAME: _____

SERVICE ADDR: _____

TELEPHONE NUMBER: _____

A Change in Our Electronic Funds Transmittal (EFT) Payment Program: Complete the below application and authorization form, and return it to us **with a voided check**. Write "VOID" in any space for your signature. 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 with your bank. ALSO, YOU MAY USE THIS FORM TO DELETE YOUR EFT; IF THIS IS YOUR INTENT, WRITE NONE IN THE NEW BANK INFORMATION. EFT'S ARE PROCESSED ON THE 15TH OF EACH MONTH EXCEPT FOR WEEKENDS, HOLIDAYS, ETC. AT WHICH PROCESSING WILL TAKE PLACE ON THE NEXT BUSINESS DAY.

ELECTRONIC FUNDS TRANSMITTAL CHANGE AUTHORIZATION

(PLEASE PRINT OR TYPE)

PREVIOUS BANK INFORMATION:

BANK ACCOUNT NAME: _____

BANK ACCOUNT NO: _____

BANK NAME: _____

BANK ROUTING NO. _____

(First nine digits on the bottom left corner of check)

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____ OTHER _____

NEW BANK INFORMATION:

BANK ACCOUNT NAME: _____

BANK ACCOUNT NO: _____

BANK NAME: _____

BANK ROUTING NO. _____

(First nine digits on the bottom left corner of check)

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____ OTHER _____

I HEREBY AUTHORIZE DESTIN WATER USERS INC. TO CHANGE MY ELECTRONIC FUNDS TRANSMITTAL PAYMENTS (CHARGES) TO MY BANK ACCOUNT AND MY BANK TO ACCEPT AND POST SUCH CHARGES FOR THE PAYMENT OF UTILITY BILLS RENDERED TO ME BY DWU. I UNDERSTAND IF I MAKE ANY CHANGES OR DECIDE TO WITHDRAW FROM THE PROGRAM, I MUST ALLOW A REASONABLE AMOUNT OF TIME FOR DWU AND THE BANK TO TERMINATE SERVICE. I UNDERSTAND ANY PAYMENT REFUSED BY MY BANK WILL BE HANDLED THE SAME AS AN "INSUFFICIENT FUNDS" CHECK (NSF) AND CHARGED THE USUAL SERVICE CHARGE. AFTER THREE REFUSED PAYMENTS BY MY BANK, THE EFT PAYMENT WILL BE CANCELLED AND MY ACCOUNT WILL BE PUT ON A "CASH ONLY" STATUS FOR ONE YEAR, FROM THE DATE OF THE THIRD RETURN.

CUSTOMER SIGNATURE _____ DATE: _____

NOTE: If it does not say your payment will be TRANSFERRED ELECTRONICALLY, you will need to make your payment in another form.