



SOUTH UTAH VALLEY ELECTRIC SERVICE DISTRICT  
**AUTHORIZATION FOR DIRECT PAY**

I authorize SESD to begin deductions from my account with \_\_\_\_\_ (name of financial institution) for payment on my electric utility bill. I also authorize the said financial institution to pay and charge my account the amount of any automatic bill payment service drawn on my account and payable to SESD. The payment will be deducted the 19<sup>th</sup> of every month, plus or minus two business days.

Account # from which you wish funds to be transferred \_\_\_\_\_

Please print: \_\_\_\_\_

Name

Street

City

State

Zip

Daytime Phone No. \_\_\_\_\_

This authorization will remain in effect until revoked by me in writing. I understand that I have the right to stop automatic payment of my utility bill with **2 weeks written notice** to SESD; prior to the time my account is charged (the 19<sup>th</sup> of every month). I understand that SESD and/or the financial institution indicated reserve the right to end this payment plan and my participation therein at anytime.

\_\_\_\_\_  
**Signature** (as shown on financial records)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your utility account number (as shown on your bill)

IMPORTANT NOTE: To ensure proper bank coding of your transfer, please **ATTACH A CHECK** that you have marked **“VOID”** showing your complete account number.

**Terms and conditions for Direct Pay**

Direct Pay is an optional payment plan that allows you to pay your electric bill directly from your checking or savings account. Participation in the program is free.

Terms and Conditions are as follows:

1. Automatic payments will be deducted from Customer’s bank account the 19<sup>th</sup> of every month, plus or minus two business days.
2. Customer may place a hold on any current payment by giving SESD oral or written notice at least 10 business days before the payment is to be taken out.
3. Customer will pay a returned check charge for any automatic payment that is returned unpaid to SESD.
4. Customer will be allowed only two (2) insufficient funds on their account. If there is another insufficient return, they will no longer be eligible for Direct pay and will automatically be taken off.
5. Customer must sign a new Authorization Agreement if Customer changes banks or bank account(s).
6. Customer may amend this Authorization Agreement to include payment of additional or substituted SESD accounts by requesting, in writing, SESD to add or substitute accounts.
7. Either party may terminate this Authorization Agreement at any time for any reason by notifying the other party. Termination will be effective 10 business days after receipt of notification.

**CUSTOMER STATES THAT HE / SHE HAS READ ALL OF THE ABOVE PROVISIONS AND AGREES TO THE SAME.**

**Customer Signature** \_\_\_\_\_ **Month to Start:** \_\_\_\_\_