



Thank you for agreeing to pay your invoice using our Bill & Pay electronic-payment system. Banking rules require that you give your approval to pay your invoices electronically. The approval is in effect until five (5) days after written notice is provided to cancel it.

Our Bill & Pay electronic payment system is safe, efficient and consumer friendly. Banking laws protect consumers from ever having to worry about someone taking money from their account using electronic payments in an unauthorized manner.

Please complete this form and return it to us so we can get you set up for electronic payments and **return it with a blank, voided check.**

### ELECTRONIC PAYMENT AUTHORIZATION

I, \_\_\_\_\_, hereby authorize SEBCO or their authorized  
**(SIGNATURE REQUIRED)**

representative, Bill & Pay, to initiate entries to my checking or savings account at the financial institution listed below as indicated by my voided check, which is attached.

\_\_\_\_\_  
YOUR NAME (PLEASE PRINT)

\_\_\_\_\_  
BANK OR CREDIT UNION NAME

\_\_\_\_\_  
YOUR ADDRESS

\_\_\_\_\_  
ROUTING NUMBER

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
ACCOUNT NUMBER

DAY TO BE WITHDRAWN

PLEASE CHECK IF THIS IS A SAVINGS ACCOUNT

M\_\_ Q\_\_ S/A\_\_ A\_\_ please check billing preference

**(M) MONTHLY (Q) QUARTERLY (S/A) SEMI-ANNUAL (A) ANNUAL**

**PLEASE NOTE: THERE IS A \$2.00 CONVENIENCE FEE THAT APPLIES TO ALL AUTOMATIC PAYMENTS, IN ADDITION TO YOUR REGULAR BILL, AND WILL BE INDICATED ON YOUR INVOICE. BY COMPLETING AND SIGNING THIS FORM, YOU ARE AGREEING TO PAY THIS FEE. UNSIGNED FORMS WILL NOT BE PROCESSED, YOUR VOIDED CHECK WILL BE DESTROYED, AND YOU WILL BE RESPONSIBLE FOR PAYING BY OTHER MEANS.**