



AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Virginia Tech Electric Service offers you the option to pay your electric bill by direct debit from your checking account.

If you choose to take advantage of this service, we will notify your bank each month of the amount of your bill, which will be deducted from your checking account. You will receive your electric bill in the normal manner. On approximately the **first or 16th of each month**, the amount due will be deducted from your account. If you wish to take advantage of this service, please complete the information below and return it along with a voided check to the Virginia Tech Electric Service office at 601 Energy Drive, Blacksburg, VA 24061-0383.

Account Owner:

Name (last, first, middle) Account number

Service address

Mailing address (If different from service address)

Telephone (Home) (Work)

Bank Account Information: (checking accounts only– a voided check must be attached for reference)

Name of payer Name of bank

Routing number Checking account number

Please verify the routing and account number with your bank to ensure the information you provide is correct for ACH debits, especially if using a credit union account. Virginia Tech Electric Service is not responsible for any returned debits due to incorrect account information. Accounts with returned debits will be assessed a \$50 return debit fee.

By Signing Below:

I authorize Virginia Tech Electric Service to initiate debit entries monthly to the checking account indicated from the bank named above. These debits will be made monthly by any means available to the bank, including the electronic transfer of funds involved. This authority is to remain in full force and effect until Virginia Tech Electric Service, or customer, has given written notification of termination in such manner as to afford Virginia Tech Electric Service and the bank or customer a reasonable opportunity to act on it. Virginia Tech Electric Service will provide the customer with a minimum of 10 days written notice of any amount to be debited before the account will be charged.

I understand that if I do not provide complete information as requested, my application will not be processed and I will be responsible for payment in full by the billing statement due date.

I have read and I understand all the terms and conditions provided in this agreement.

Authorized Signature – Electric Service Account Owner Date

Authorized Signature – Payer (If different from above) Date

FOR OFFICE USE ONLY:

Payment due date (Circle one): 1st 16th

Date entered: _____ VTES: _____ Date removed: _____