

# Rely-A-Pay

Bill Payment Made Easy!



OUC's **Rely-A-Pay** program is the most convenient, worry-free way to pay your OUC bill.

With **Rely-A-Pay**, OUC automatically deducts your monthly utility bill from your bank account on your bill's due date. It's that simple. And it won't cost you a cent. No more checks to write, no more stamps, no more waiting in lines.

To sign up for **Rely-A-Pay**, simply complete the form on the back of this brochure and enclose it — along with a **voided check** from your bank account — with your next utility bill payment. **Rely-A-Pay** usually begins within 30 to 60 days after OUC receives your authorization form. Continue to pay your bill regularly until you receive a bill that indicates "Do Not Pay." You will still receive a monthly statement for your review and recordkeeping.

For more information about **Rely-A-Pay**, please call OUC at **407.423.9018** and select **option 2** after the language prompt.

## Very Important Information

**Rely-A-Pay** customers should carefully review their monthly bill statement to identify any abnormal consumption patterns. Doing so can point out the need for energy efficiency improvements or other money-saving measures.

In the event the transaction is returned as dishonored, a fee will be charged to your OUC account for every unpaid return. More than two instances of returned items will result in automatic cancellation from **Rely-A-Pay**. Abnormally high consumption can cause a larger amount than expected to be deducted from your account. After reviewing your bill, it is your responsibility to contact OUC if your bill amount is higher than normal and you feel it is necessary to use an alternative payment method.



The Reliable One<sup>®</sup>

# Sign Me Up!

## Automatic Withdrawal Authorization

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**OUC Account Number(s)**

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**Customer Name** *(Last, First & Middle Initial)*

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**Address**

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**City, State & Zip**

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**Phone** *(day)*

**Phone** *(home)*

## Financial Institution Information

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**Name of Bank or Credit Union**

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**Address**

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**City, State & Zip**

### Please choose one:

- Savings Account**       **Checking Account**

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Financial Institution Routing/Transit Number (ABA)

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Bank Account Number

**Required:** *If you choose to use a checking account, you must attach a voided blank check for account number verification.*

**I hereby authorize Orlando Utilities Commission to initiate monthly debits and/or credits to my bank account at the financial institution named above.**

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**Signature**

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**Date**