



HCMUD 162

MONTHLY AUTO-DRAFT SET UP FORM

Your utility district is offering two Monthly Auto-Draft Payment options for paying your bill. You can participate in either option by completing one of the authorizations below. You will still receive a monthly district utility bill. Your account will be automatically debited on or after the due date listed on your monthly bill. **NOTE:** If due date falls on a weekend or banking holiday, your account will be deducted on the prior business day. Please be advised that if funds are not available on payment date, you will be assessed a service charge for a "return item." By completing one of the authorizations below, you are authorizing the following district to initiate monthly automatic payments for the following account:

District:	Water Account #:
------------------	-------------------------

Service Address:	City:	Zip:	Home/Cell Phone:
-------------------------	--------------	-------------	-------------------------

Email information is to receive payment confirmation.	Email:
--	---------------

This authorization will remain in effect until I provide my district a 30 days written notification to cancel.

Automatic Bank Draft

I authorize the above district to debit my bank account on a monthly basis. I agree to contact my district at least 30 days before the payment date with concerns to allow time for corrections. Automatic bank drafts will incur an additional \$1 monthly fee paid by the District at no additional cost to the customer. **Please attach a VOIDED CHECK.**

Print Name (as it appears on your bank account):	Bank Name:
Bank Routing #:	Bank Account #:
Signature:	Date: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Is the address on your bank account the same as the above Service address? Yes No
 If NO, please complete the address information below:

Billing Address:	City:	Zip:	Home/Cell Phone:
-------------------------	--------------	-------------	-------------------------

Credit/Debit Card Payment

I authorize the above district to debit my credit/debit card on a monthly basis. I agree to contact my district at least 30 days before the expiration date or with concerns to allow time for corrections. Credit/debit card payments will incur an additional **4% monthly fee**. This fee will appear on your statement as a separate line item.

Print Name (as it appears on your card):	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover
Card #:	CVV Code (3 digit security code): _____ Expiration Date (MM/YYYY): _____
Signature:	Date: _____ Email Required for CC Payment Confirmation: _____

Is the address on your credit/debit card the same as the above Service address? Yes No
 If NO, please complete the address information below:

Billing Address:	City:	Zip:	Home/Cell Phone:
-------------------------	--------------	-------------	-------------------------

Please return completed form for HCMUD162 to:

Central Bank – Public Funds
P.O. Box 801263
Houston, Texas 77280-1263

For billing questions, please contact District Customer Service: 281-861-6215

FOR BANK USE ONLY:

RECEIVED: _____

FED INPUT: _____

NOTIFY OP: _____