



HCMUD 172

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. 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 and 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO, please complete the address information below:			
Billing Address:	City:	Zip:	Home/Cell Phone:

Please return completed form for HCMUD172 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: _____