



# HCMUD 167

## 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:

<b>District:</b>	<b>Water Account #:</b>		
<b>Service Address:</b>	<b>City:</b>	<b>Zip:</b>	<b>Home/Cell Phone:</b>
<b>Email information is to receive payment confirmation.</b>	<b>Email:</b>		

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.**

<b>Print Name (as it appears on your bank account):</b>		<b>Bank Name:</b>	
<b>Bank Routing #:</b>		<b>Bank Account #:</b>	
<b>Signature:</b>		<b>Date:</b>	<b>Account Type:</b> <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:			
<b>Billing Address:</b>	<b>City:</b>	<b>Zip:</b>	<b>Home/Cell Phone:</b>

### 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.

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

Please return completed form for HCMUD167 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: \_\_\_\_\_