

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL PAYMENTS (ACH DEBIT)

I authorize Municipal Utility District (MUD) to initiate bimonthly debit entries, and if necessary, credit entries, in the amount of my/our utility bill(s) from the bank account and financial institution identified below. I/we acknowledge that the origination of ACH debit/credit transactions to my/our account must comply with the provisions of United States law. This authorization shall remain in full force and effect until one of the following occurrences:

1. The MUD receives written notification, signed by all parties named below, of the termination of this authorization agreement in such time (minimum of 30 calendar days preceding the next due date of a utility bill) and manner as to afford the MUD, and the financial institution a reasonable opportunity to act on it.
2. Utility service registered in name(s) below is terminated.
3. The MUD receives two (2) non-sufficient fund (NSF) notices from the financial institution in any (12) month period. In this situation, the utility customer will be notified by the MUD of the NSF notices, charged the applicable \$20.00 NSF fee, and placed on a cash only basis for payment of MUD bills.
4. Failure of the customer to notify the MUD of a change in financial account information resulting in a NSF/CLOSED ACCOUNT notice will also institute deactivation of this service.

I/we have submitted this financial account information in confidence to the MUD. I/we are not required by law to provide financial account information—it is provided solely for participation in this program. MUD has obliged itself to act in good faith not to disclose financial account information.

I/we understand that cancellation/termination of service may require several days to implement and that authorized withdrawals from my/our bank account named below may occur prior to cancellation of my/our participation in the direct payment program. My/our signature on this form indicates my/our understanding of and agreement to the MUD Direct Withdrawal Payment Program policies and procedures.

Authorization Form

Note: All customers wishing to participate in the Direct Withdrawal or the Automatic Credit Card Payment Program must complete, sign, return, and agree to the terms stated on this authorization agreement as required by Federal Banking Regulations.

PLEASE PRINT YOUR NAME AND ADDRESS AS IT APPEARS FROM YOUR FINANCIAL INSTITUTION

PRINT NAME (ON BANK OR CREDIT STATEMENT): _____

MAILING ADDRESS:
OF BANK OR CREDIT STATEMENT _____

SIGNATURE: _____ DATE: _____

CELL PHONE: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____

M.U.D. ACCOUNT # _____ - _____ - _____ (PLEASE FILL OUT SEPARATE FORMS FOR MULTIPLE ACCOUNTS)

CHOOSE ONE OF THE FOLLOWING AND CHECK THE APPROPRIATE BOX:

DIRECT WITHDRAWAL FROM BANK ACCOUNT CHECKING SAVINGS
ATTACH A VOIDED CHECK FOR THIS OPTION

NAME OF FINANCIAL INSTITUTION: _____

BANK ACCOUNT NUMBER: _____

ABA ROUTING NUMBER: _____

AUTOMATIC PAYMENT TO CREDIT CARD MASTERCARD VISA

CREDIT CARD NUMBER: _____ - _____ - _____

EXPIRATION DATE (MM/YY): ____ / ____