

For Office Use Only

_____ - _____ - _____ **Today's Date** _____
WO No. _____ **MUD No.** _____ **Account Number** _____
SSI _____ **CSI** _____

THE WOODLANDS MUNICIPAL UTILITY DISTRICTS

2455 Lake Robbins Dr. The Woodlands, TX 77380

Phone: (281)-367-1271 Fax: 281-298-7216

Website address: www.wjpa.org

WATER AND SEWER SERVICE APPLICATION

Name of Applicant (please print) _____

Service Address _____ ZIP _____

Home phone # _____ Cell # _____ E-Mail _____

Bill to be mailed to Service Address [] or Other Address [] _____

Own [] Lease [] (check one).

DEPOSIT **\$50.00** [] Cash [] Check [] Money Order **Make check or M/O payable to: M.U.D.**
[] Master Card /Visa/Am Ex/Discover # _____

Exp date: _____/_____/_____ CVC Code: _____

Mailing Address on Credit Card Statement _____

(If different than Service Address) _____

*****TO HAVE YOUR PAYMENT CHARGED TO THIS CARD MONTHLY ON THE DUE DATE PLEASE CHECK HERE []**

Applicant requests water and sewer services at the above service address and assumes full responsibility for payment of all charges based on the District's established rates and for continuing compliance with the District's rules, regulations and policies until discontinuance of such services and payment in full of the final bill.

Applicant understands and acknowledges that the District is a governmental agency and public utility engaged in the governmental function of providing public water, sewer and drainage services, and that, by receiving and acting upon this application and by providing or undertaking to provide such services, the District is not undertaking to conclude or enter into a contractual arrangement with Applicant, to establish an open account with Applicant, or to undertake any continuing obligation to Applicant, other than to provide or undertake to provide such governmental services to the premises in accordance with and subject to Applicant's continuing compliance with the District's rules, regulations and policies. Accordingly, Applicant understands and acknowledges that by providing such services or by administering rules, regulations and policies relating to acceptable plumbing practices and procedures, the District assumes no liability or responsibility for resulting damages or injury, of any kind, to persons or property, including, without limitation, damages or injury resulting directly or indirectly from the use of such services on the above premises or from any interruption, non-availability or inadequacy of such services. Applicant further understands and acknowledges that it is Applicant's sole responsibility: (1) for any failure, defects or inadequacies in the piping, plumbing, fixtures or appliances on the above premises and for any losses of water, damages, or injuries resulting from same, (2) to maintain in serviceable condition all sewer lines within the property boundaries of such premises, and (3) to furnish and maintain a private water service cut-off valve on the Applicant's side of the District's water meter(s) serving the premises.

Finally, Applicant understands and acknowledges that: (1) water and sewer service bills will be calculated in accordance with the District's established rate schedules, with water service based on the meter reading of the amount consumed for the period and sewer service based on a calculated return flow of metered water consumption; (2) bills are due and payable upon presentation and payment may be made at the office of the District; (3) bills must be paid on or before the 20th day following the postmark date on the bill, in order to receive the early payment discount, and after the 20th day, the gross amount is due; and (4) separate water meters and billings, without accompanying sewer charges, are available from the District for irrigation purposes upon Applicant's request, payment of applicable tap fees and water use charges, compliance with the District's rules, regulations and policies, and assumption of responsibility for properly connecting Applicant's irrigation system to such irrigation water meter.

Date Service is to Begin _____ Applicant's Signature _____

****Drop Box is available for payments in the parking lot at 2455 Lake Robbins Drive, The Woodlands, TX****

Website address: www.wjpa.org

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL PAYMENTS (ACH DEBIT)

I authorize Municipal Utility District (MUD) to initiate monthly 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 assessed by MUD, 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 (As it appears on your Bank or Credit Statement): _____

MAILING ADDRESS: _____

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

PLEASE ATTACH A VOIDED CHECK FOR THIS OPTION

NAME OF FINANCIAL INSTITUTION: _____

BANK ACCOUNT NUMBER: _____

ABA ROUTING NUMBER: _____

AUTOMATIC PAYMENT TO CREDIT CARD MASTERCARD VISA AM EX DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE (MM/YY): ____ / ____ CVC ____