



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, but your account will be automatically debited on the due date listed on your monthly bill. 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 #: | | |
| Address: | City: | Zip: | Home Phone: |
| Email information is to receive payment confirmation. | | Email: | |

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 penalty date with concerns to allow time for corrections. Automatic bank drafts will incur an additional \$1 monthly fee.

A PRE-PRINTED VOIDED CHECK IS REQUIRED

| | | | |
|--|------------------------|--|--------------------|
| 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/Billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete the address information below: | | | |
| Address: | City: | Zip: | Home 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 penalty date 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 separate line item.

| | | | |
|--|---|--|--------------------|
| 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 bank account the same as the above Service/Billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete the address information below: | | | |
| Address: | City: | Zip: | Home Phone: |

For billing questions, please contact District Customer Service: 281-807-9500

Please email this form once completed to customerservice@topswater.com