



HCWCID116 MONTHLY AUTO PAYMENT PLAN 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 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 following 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: Harris County WCID 116 | 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 day 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 paid by the District at no additional cost to the customer. **A pre-printed VOIDED CHECK is required.**

| | |
|---------------------------------------------------------|-------------------|
| 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/Billing address? Yes 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 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/Billing address? Yes No
If NO, please complete the address information below:

| | | | |
|-------------------------|--------------|-------------|-------------------------|
| Billing Address: | City: | Zip: | Home/Cell Phone: |
|-------------------------|--------------|-------------|-------------------------|

Please be advised Auto-Draft setup takes up to 2 billing cycles.

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

Please e-mail this form once completed to customerservice@topswater.com