

Automatic Bank Draft or Credit Card Draft Authorization

☐ Change in Existing Draft/Credit Card

☐ New Draft/Credit Card

Personal Information

Utility Account Number: _____ Date: _____

Customer Name: _____

Customer Address: _____

City, State, Zip: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Payment Options (select one):

Credit Card

☐ Please sign me up for the Automatic **Credit Card Draft** payment option. I Authorize Denton County Fresh Water Supply District 1-A to draft my credit card, indicated below, each month for payment of my utility services.

Select Card Type: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

Name as it Appears on Credit Card: _____

Credit Card Billing Address: _____

(if other than customer address above)

City, State, Zip: _____

Bank Account

☐ Please sign me up for the Automatic **Bank Draft** payment option. I Authorize Denton County Fresh Water Supply District 1-A to draft my bank account, indicated below, each month for payment of my utility services. I have enclosed a voided check.

Financial Institution Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Account Number: _____ ABA Routing Number: _____

By signing this Authorization Agreement for Automatic Bank Draft or Credit Card Draft you agree to the terms and conditions set forth therein.

Authorization Agreement for Automatic Bank Draft or Credit Card Draft

Credit Card Draft (CCD): If you select this option, you authorize Denton County FWSD NO 1-A to directly charge your payment from your MasterCard, Visa, or Discover credit card. Your credit card will be charged each month, on the due date listed on your monthly invoice, until the expiration date on your credit card or until cancelled. There is a \$3.00 transaction fee for this option each month.

Automatic Bank Draft (ABD): If you select this option, you authorize Denton County FWSD NO 1-A to directly draft your payment from your bank account. Your account will be drafted each month, on the due date listed on your monthly invoice, until canceled.

By signing below, I hereby authorize the Denton County Fresh Water Supply District No. 1-A, hereinafter called the "District", to charge the bank account or credit card indicated in this authorization form for my utility billing on the specified payment due date listed on my monthly invoice. I understand that if a monthly invoice is not received, it is my responsibility to contact the District to obtain the invoice amount. I understand that my request for the bank draft or credit card draft will take effect on my next billing cycle and I will receive an invoice stating "PAID BY DRAFT". I am also authorizing my financial institution to pay said draft, when presented, until I have revoked the authorization, in writing.

I understand that this authorization will remain in effect until the designated expiration date on my credit card or until revoked by me, in writing, whichever comes first. I understand that the District must receive my written cancellation notice no later than ten (10) days prior to the next billing due date for termination of the program. Should any change in my account or credit card information occur, I will notify the District, in writing, within 10 (ten) days of the date of change. The District reserves the right to cancel the bank draft or credit card draft program at any time.

I further agree that if any such bank or credit card draft transaction be denied or does not clear, whether with or without cause, the District shall be under no liability whatsoever, even if such denial results in the disconnection of my utility service. Further, I agree that the District shall be fully protected in drawing from any such accounts or credit cards. I agree that any amount due the District which is not paid in accordance with the terms of the Application for Service; utility service to my account will be subject to penalties and/or disconnection. Any item returned to the District as denied will be subject to a \$35.00 return item fee.

I certify that I am an authorized signor of this account or credit card and that I will not dispute the payments with my bank or credit card company, provided the transactions comply with to the terms indicated in this authorization form.

Authorized Account/Card Holder Signature

Date