

# Automatic Payment Form for MUD District Water/Sewer Bills

Date Entered \_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL PAYMENTS (ACH DEBIT)

I authorize The Woodlands Joint Powers Agency/Municipal Utility District (WJPA/MUD) to initiate monthly debit entries in the amount of my/our utility bill(s) from the bank account or 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 WJPA/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 WJPA/MUD, and the financial institution a reasonable opportunity to act on it.
2. Utility service registered in name(s) below is terminated and the final bill is paid.
3. The WJPA/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 fee assessed by WJPA/MUD, and placed on a cash only basis for payment of WJPA/MUD bills.
4. Failure of the customer to notify the WJPA/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 WJPA/MUD. I/we are not required by law to provide financial account information—it is provided solely for participation in this program. WJPA/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 WJPA/MUD Direct Withdrawal Payment Program policies and procedures.

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.

PRINT NAME(S) ON ACCOUNT: \_\_\_\_\_

SERVICE 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

NAME AS IT APPEARS ON YOUR CHECKS \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

ABA ROUTING NUMBER: \_\_\_\_\_

**AUTOMATIC PAYMENT TO CREDIT CARD**  MASTERCARD  VISA  AM EX  DISCOVER

NAME ON CARD \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

(Associated with Card if different than service address)

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE (MM/YY): \_\_\_\_ / \_\_\_\_ CVC \_\_\_\_

***The draft will not take effect until the next billing cycle,  
please confirm that all outstanding balances are paid to avoid any late fees or interruption of service.***

**FOR SECURITY PURPOSES, PLEASE DO NOT EMAIL THIS FORM BACK.**

Fax this form to 281-298-7216 or Mail/Drop off to: MUD Billing Dept  
2455 Lake Robbins Dr.  
The Woodlands, TX 77380