

HCMUD261 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:** Water Payment ID: **Harris County MUD 261 Service Address:** Zip: Home/Cell Phone: City: Email: Email information is to receive payment confirmation. 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:** ☐ Checking ☐ Savings ☐ Yes ☐ No Is the address on your bank account the same as the above Service/Billing address? If NO, please complete the address information below: **Billing Address:** City: Home/Cell Phone: Zip: **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: ☐ Visa ☐ Master Card ☐ Discover Card #: CVV Code (3-digit security Expiration Date (MM/YYYY): code): **Email Required for CC Payment Confirmation:** Signature: Date: 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:** Home/Cell Phone: City: Zip:

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 cyp.customerservice@sienviro.com