



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. 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 #:
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Service Address:	City:	Zip:	Home/Cell Phone:
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Email information is to receive payment confirmation.	Email:
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This authorization will remain in effect until I provide my district a 30 days 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. **Please attach a VOIDED CHECK.**

Print Name (as it appears on your bank account):	Bank Name:
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Bank Routing #:	Bank Account #:
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Signature:	Date:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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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:
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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
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Card #:	CVV Code (3 digit security code):	Expiration Date (MM/YYYY):
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Signature:	Date:	Email Required for CC Payment Confirmation:
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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:
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Please return completed form for HCWCID116 to:
Central Bank – Public Funds
P.O. Box 801263
Houston, Texas 77280-1263
For billing questions, please contact District Customer Service: 281-807-9500

FOR BANK USE ONLY:

RECEIVED: _____

FED INPUT: _____

NOTIFY OP: _____