

# You can now pay your water bill using the Direct Payment Plan.

No late payments! Saves valuable time! It's so easy!

## Water District Direct Payment Plan Guidelines & Authorization

To participate in the Direct Payment Plan, simply read the following rules, complete the authorization form, and mail the authorization form with a canceled check as instructed.

- ◆ It takes approximately 5 days before the Direct Payment Plan begins.
- ◆ PLEASE continue to make payments until your water bill is marked "Bank Draft."
- ◆ If the payment date falls on Saturday, Sunday, or a Banking Holiday, the payment transaction will occur on the first business day AFTER the payment date.
- ◆ If I close my checking account for any reason, I will notify District thirty (30) days prior to my payment date; otherwise, late penalties and additional bank charges will be applied to my account. Additionally, the authority to charge my checking account remains in effect until thirty (30) days after I notify the District in writing to terminate the authorization.
- ◆ If funds are not available on the payment date, I understand I will be assessed a service charge for a "return item", such as NSF as indicated in District's current Rate Order. District reserves the right to delete you from the Plan with the outstanding balance due immediately. In addition to District fees, there may be fees charged by my financial institution.
- ◆ For questions regarding your bill and any payment questions contact Customer Service, Severn Trent. Phone 281-579-4500.
- ◆ Remit the authorization form to District, Direct Payment Plan, 16337 Park Row, Houston, TX 77084

### AUTHORIZATION FOR DISTRICT Payment Plan via Automatic Bank Draft

\$1 fee

I authorize **District** to initiate credit or debit entries to my account for payments by automatic bank draft as stated below. This authority will remain in effect until I provide 30 days written notification to cancel. I understand that failure to have funds available is subject to service charges or penalties by either **District** and/or my Financial Institution. **Attach a voided check or blank check copy for processing.**

Name: \_\_\_\_\_ Monthly Payment Date as Billed \_\_\_\_\_  
Address, City, Zip: \_\_\_\_\_ Monthly Payment Amount as Billed (includes \$1 fee) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
Water Account No.: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_  
Water Account Name: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ (As Name Appears on Bank Account.)

Date \_\_\_\_\_

BANK USE ONLY:	DATE	INITIALS
RECEIVED:	_____	_____
ACH INPUT:	_____	_____

BANK USE ONLY:	DATE	INITIALS
ACH VERIFIED:	_____	_____
NOTIFY OP:	_____	_____