Pay your water bill using the Direct Payment Plan.

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

## Water District Direct Credit Card Payment Plan Guidelines & Authorization

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

◆ I understand that I will submit my request no later than 48 hours prior to my due date for draft to begin with current month. If I submit this request closer to the current due date or after the due date: **The payment will not draft! I must make a one-time payment to prevent my account from delinquent status.**

◆ 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 credit card 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.

◆ If funds are not available on the payment date, I understand I will be removed from the direct payment plan and forced to send in a new form to sign up again or go to the payment website, www.paymystbill.com, to update credit card information.

◆ I understand that there will be a 3% service fee each month to use this service.

◆ For questions regarding your bill and any payment questions contact Customer Service at 281-579-4500

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### AUTHORIZATION FOR DISTRICT
#### Payment Plan Via Credit Card Auto Payment

PLEASE INDICATE:  ☐ NEW CUSTOMER    ☐ EXISTING CUSTOMER – CHANGE INFO.

FOR _____ (YOUR WATER DISTRICT - TOP LEFT OF BILL)

I authorize *my water 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 *my water district* and/or my Financial Institution.

Name as it appears on the card:_____    Monthly Payment Date as Billed

Billing Address, City, Zip:_____    Monthly Payment Amount as Billed

Home Phone: _____    Credit Card Type: _____

Water Account No.: _____    Credit Card Number: _____

Water Account Name: _____    Expiration Date: _____

_____    CVV Code (Code on Back of Card):_____
Authorized Signature

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| *BANK USE ONLY:* | DATE | INITIALS | *BANK USE ONLY:* | DATE | INITIALS |
|---|---|---|---|---|---|
| CC INPUT: | _____ | _____ | CC VERIFIED: | _____ | _____ |