Automatic Draft Authorization Form

CREDIT CARD PAYMENT AUTHORIZATION:
Acton Municipal Utility District (AMUD) accepts Visa, Master Card and Discover Card and now accepts Credit Card Payments by phone or by mail using the payment stub provided below.

It is the responsibility of the customer to provide correct information to AMUD and to have funds available for payment. In the event that a charge against a bank card account is denied, all late charges will apply. Payments not received by AMUD prior to due date will result in late charges.

Monthly drafted credit card payments are processed on the due date. Customer will be charged a late fee if credit card payment is denied. Any abuse of this privilege will result in automatic removal from the draft credit card payment program.

AMUD reserves the right to refuse or terminate automatic credit card payment services. This agreement will remain in effect until AMUD terminates it or receives written notification of its termination from the account holder and has sufficient time to act on it.

To authorize a credit card payment in the office:
Provide the receptionist with your credit card; the card must be processed through the card reader.

To authorize a credit card payment over the phone:
Provide the receptionist with credit card information and wait for credit card approval to complete transaction.

To authorize a one time credit card payment by mail:
Fill out payment stub authorization below and return to AMUD. Make sure to check the “One Time Credit Card Charge” box.

To authorize an automatic monthly credit card payment by mail:
Fill out payment stub authorization below and return to AMUD. Your credit card payment will be applied to your account each month on the day that your bill is due.

Make sure to check “Draft Credit Card Monthly” box. (If box is not checked it will be assumed that you intended a one time credit payment option.)

Terms of Agreement: I authorize Acton Municipal Utility District (AMUD) to charge my monthly AMUD statement charges to my credit card as listed below. No payment to AMUD shall be deemed to have been made until AMUD receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I also understand that the account may be subject to late fee charges if bank card authorization is denied.

Credit card Type (Check one): □ Visa □ Master Card □ Discover
□ One Time Credit Card Charge □ Draft Credit Card Monthly

** PLEASE PRINT CLEARLY **

Account #: __________________ Service Address: ____________________________

Name as it Appears on Card: ___________________________ Service Address: ___________________________ Daytime Phone: _______ - _______ - _______

Address where credit card is billed: ____________________________

Card Number: ___________ - ___________ - ___________ - ___________ Expiration Date: _____ / _____ / _____

Security Code: ________

Date: _____ / _____ / ________

Signature of Card Holder
How long does it take to set up an account?
It will take up to 30 days to set up an account for ACH Debits. You may have to send in a payment for the first month.

Will I still receive a monthly billing statement?
Yes

How will I know if bill is being drafted?
Your bill will say “Drafted Do Not Pay” once the ACH debit is set up

When will draft payment be taken from my bank account?
All drafts are processed on the due date.

ATTACH VOIDED CHECK

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS): I(we) hereby authorize Acton Municipal Utility District, hereinafter called COMPANY, to initiate debit entries to my(our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I(we) acknowledge that the origination of ACH transactions to my(our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

** PLEASE PRINT CLEARLY **

Account #: __________________ Service Address: ____________________________ Phone #: ____________________________

Name (Print): ____________________________ Signature: ____________________________ Driver’s License #: ____________________________

Name (Print): ____________________________ Signature: ____________________________ Driver’s License #: ____________________________

Bank Routing #: ____________________________ Bank Account #: ____________________________

Depository Name: ____________________________ Branch: ____________________________ City: ____________________________ State, Zip: ____________________________