

# CUNNINGHAM UTILITY DISTRICT

## ELECTRONIC PAYMENT (DEBIT) AUTHORIZATION FORM

I hereby authorize my bank and/or financial institution to deduct the payment for my monthly water bill from the account that I have indicated. This authorization will remain in effect with the Cunningham Utility District until I have cancelled it in writing at least fifteen (15) days prior to receiving my water bill. I further understand that in the event my account has insufficient funds to cover the monthly payment amount to be drafted, the monthly payment is rejected due to an account closed status, the monthly payment is rejected due to changes in bank ownership or account changes made without proper notification to the Cunningham Utility District, a fee, which is equal to the returned check fee of the Cunningham Utility District will be assessed and become part of the bill which is due in full immediately. I understand that it is my duty to notify the Cunningham Utility District of any changes to my designated depository account, including but not limited to; an account closed status, bank ownerships and changes and other account changes. This notification shall be made at least thirty (30) days prior to the account changes. I understand that the payment will be debited from my account on or about the first working day of each month. My signature below indicates that I have read and agree to the terms of the Electronic Payment (Debit) Authorization Form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CUD Billing Name: \_\_\_\_\_ Phone # \_\_\_\_\_

CUD Account # \_\_\_\_\_

Service Address: \_\_\_\_\_

Attach voided check here

.....  
(Office use only below this line)

Routing Number: \_\_\_\_\_

Date Activated: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Date Deactivated: \_\_\_\_\_

Bank Code: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered By: \_\_\_\_\_

Notes: \_\_\_\_\_