

ELECTRONIC PAYMENT APPLICATION

Union Williams Public Service District

I authorize Union Williams Public Service District and the financial institution names below to initiate entries to my checking/savings account. This authority will remain in effect until I notify the District in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution and Union Williams Public Service three (3) days before my account is charged.

I understand that Union Williams PSD will automatically charge my account for the amount of my bill on or about the 17th of the month.

CUSTOMER NAME (PLEASE PRINT): _____

CUSTOMER SERVICE ADDRESS: _____

ACCOUNT NUMBER: _____ DAYTIME PHONE NUMBER: _____

NAME OF FINANCIAL INSTITUTION: _____

CITY/STATE/ZIP: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ CHECKING _____ SAVINGS _____

CUSTOMER SIGNATURE: _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT YOU WISH TO USE.