

## MONTHLY AUTO-PAYMENT PLAN FORM

The West Travis County Public Utility Agency is offering two Monthly Auto-Draft Payment options for paying your bill. You can participate in either option by completing one of the authorizations below. You will still receive a monthly district utility bill, but your account will be automatically debited on the due date listed on your monthly bill. Please be advised that if funds are not available on payment date, you will be assessed a service charge for a "return item." By completing one of the authorizations below, you are authorizing the following district to initiate monthly automatic payments for the following account:

<b>District:</b>		<b>Water Account #:</b>		
<b>Service Address:</b>		<b>City:</b>	<b>Zip:</b>	<b>Primary Phone:</b>
<b>EMAIL REQUIRED:</b>	<b>Email:</b>			<b>Secondary Phone:</b>

### Automatic Bank Draft — ACH Check

I authorize the above agency's service address and/or water account to debit my bank account on a monthly basis. I agree to contact my district at least 30 days before the penalty date with concerns to allow time for corrections. Automatic bank drafts will incur an additional **\$1 monthly fee. Attach A Pre-Printed VOIDED CHECK (REQUIRED)**

<b>Print Name (as it appears on your bank account):</b>		<b>Bank Name:</b>		
<b>Bank Routing #:</b>		<b>Bank Account #:</b>		
<b>Signature:</b>		<b>Date:</b>	<b>Account Type:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Is the address on your bank account the same as the above Service address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please complete the address information below:				
<b>Billing Address:</b>		<b>City:</b>	<b>Zip:</b>	<b>Primary Phone:</b>

### Credit/Debit Card Payment

I authorize the above agency's service address and/or water account to debit my credit/debit card on a monthly basis. I agree to contact my district at least 30 days before the expiration date to allow time for corrections. Credit/debit card payments will incur an additional **5% monthly fee**. This fee will appear on your statement as a separate line item.

<b>Print Name (as it appears on your card):</b>		<b>Card Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover		
<b>Card #:</b>		<b>CVV Code (3 digit security code):</b>	<b>Expiration Date (MM/YYYY):</b>	
<b>Signature:</b>		<b>Date:</b>	<b>Email Required for CC Payment Confirmation:</b>	
Is the address on your credit/debit card the same as the above Service address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please complete the address information below:				
<b>Billing Address:</b>		<b>City:</b>	<b>Zip:</b>	<b>Home Phone:</b>

Please return completed form to: **13215 Bee Cave Pkwy., Bldg. B, Suite #110**  
**Bee Cave, Texas 78738**  
 For Billing Questions, please contact Customer Service  
 at 512-263-0125