

**Buena Vista-Bethel Special Utility District**  
**312 S. Oak Branch Road, Waxahachie, Texas 75167**  
**972-937-1212**  
**BVBSUD.com**

*For office use only*  
Acct # \_\_\_\_\_  
Completed: \_\_\_\_\_

Electronic Funds Transfer (EF) Authorization

Contract Information

Account Holder Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Bill Payments

- Monthly (draft is between the 10<sup>th</sup> – 12<sup>th</sup> of each month)
- Minimum \$200.00
- No maximum
- We will only draft your amount owed, if bill is more than the maximum allowed, your bill will not draft and you will have to make an alternative payment.

Maximum payment amount authorized

\$ \_\_\_\_\_

Bank Account Information

Financial Institution Name: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Authorization

By signing this form, I (the bank account owner) understand and accept these terms and conditions:

- You will withdraw the scheduled bill payment from my account.
- You will only consider a bill paid if a draft is honored by my financial institution.
- You may discontinue withdrawals at any time and bill me directly.
- I must contact you at least three business days before a scheduled withdrawal to change or cancel this authorization.

Signature of bank account owner:

\_\_\_\_\_

Date:

\_\_\_\_\_

*This institution is an equal opportunity provider and employer.*