



P. O. Box 249 • Florence, Texas 76527 • (254) 793-3103  
www.ctsud.org

## AUTOMATIC PAYMENT AUTHORIZATION

The **Automatic Payment Plan** will help you in several ways:

- *Save time – fewer checks to write.*
- *Help meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.*
- *No lost or misplaced statements, your payment is always on time.*
- *Save postage.*
- *Easy to sign up for, easy to cancel.*

To authorize Chisholm Trail Special Utility District to deduct your payment automatically, fill in the Authorization Form below. Return the form with your payment or drop it by the District office. Your bill will indicate the approximate drafting date once automatic payments have been set up. Please allow 30-45 days for the set up to be completed.

To fill in the form properly, please print your name and mailing address. Carefully print the Bank Routing number (always nine digits) and your Bank Account number (number of digits may vary) in the boxes provided. Check the appropriate box to indicate whether this is a checking or savings account.

Remember to sign and date this form. **Please include a voided check or savings slip.** If you have any questions, we would be happy to assist you. Call us at (254) 793-3103.

Complete and mail or deliver to:

**Chisholm Trail S.U.D. • 851 FM 970 • P.O. Box 249 • Florence, TX 76527**

I hereby authorize Chisholm Trail Special Utility District to initiate debit entries by electronic means to my account at the Bank indicated below. This authorization shall remain in effect until both Chisholm Trail Special Utility District and my Bank have received written notification from the undersigned to terminate this agreement. I understand that I am required to provide written notice of cancelation of bank drafting at least seven (7) business days in advance of the drafting date, that I will be charged a return check/draft fee if a bank drafting is rejected for any reason, and that any changes to this agreement must be submitted in writing to Chisholm Trail Special Utility District.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Water Account Number

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

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Bank Account Number

Checking

Savings

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please include a voided check.***