

# Mineral Wells Public Service District

## ELECTRONIC PAYMENT APPLICATION

I authorize Mineral Wells 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 Mineral Wells Public Service three (3) days before my account is charged.

I understand that Mineral Wells PSD will automatically charge my account for the amount of my bill on or about the 12<sup>th</sup> 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.