



## AGREEMENT FOR PRE-AUTHORIZED PAYMENT

The undersigned customer(s) (collectively the "Customer") hereby authorizes **Hallsdale-Powell Utility District (HPUD)** to initiate debit entries to Customer's bank account indicated below, and further authorizes the bank named below, to debit the same to such account.

**Customer's Depository Bank Name:** \_\_\_\_\_

**Branch:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

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

This authorization is to remain in effect until Customer notifies HPUD (by written request) that Customer wishes to end this agreement and HPUD has had reasonable time to act on such notice; or until HPUD has sent Customer written notice at least 10 days in advance that it will end this agreement.

Customer understands and agrees to the following:

- HPUD will continue to send a monthly bill. You will receive a printed statement unless you request an eBill.
- It is the Customer's responsibility to notify HPUD, prior to the due date of the bill, if Customer disputes the billed amount or if Customer experiences a leak during the billing period in question.
- In the event Customer's account has insufficient funds to cover the monthly payment amount drafted, or Customer's monthly debit rejects due to account-closed status, bank ownership changes, or account charges; a \$30.00 fee will be charged to Customer's HPUD utility account. (Fees may be subject to change.)
- Customer must notify HPUD, 15 days prior to a scheduled debit, of any changes made to Customer's designated depository account, including but not limited to, closed-account status, bank ownership changes, or account changes.
- If there are more than two (2) reject occurrences within a 12 month period, Customer's account will be removed from the HPUD pre-authorized payment program.

**Customer Name(s):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone numbers:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**Email:** \_\_\_\_\_

**HPUD Customer Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ (Signature must coincide with name on check)

**Date:** \_\_\_\_\_

**ATTACH VOIDED CHECK**  
**(REQUEST WILL NOT BE PROCESSED WITHOUT CHECK ATTACHED)**