



16318 Great Oaks Drive • Round Rock, Texas 78681

Phone (512) 255-7871 • FAX (888) 843-7326

Email: Customer.Service@bcmud.org • Website: www.bcmud.org

Direct Debit Authorization / Cancellation Utilities

Direct Debit

Cancel Direct Debit

Printed Name on Check: _____ Date: _____

Transit/ABA #: _____ Checking Account #: _____

Utility Account #: _____ Type of Institution: Bank Credit Union

Name on Account: _____ Email Address: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Home Work Cell

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Direct Debit/Credit Policy Information

NSF Policy - Immediate termination from the program will occur after two (2) non-sufficient funds (NSF). From the date of termination the account will be ineligible to participate in the program for the next twelve (12) months. A fee of \$30 will be assessed on ALL payments returned to BCMUD, in addition to all other rights and remedies available to BCMUD (including termination of service). Payment items returned for any reason (NSF, closed account, etc.), must be paid for by money order, cash, or credit card. Any items returned due to invalid EFT transit/routing numbers or invalid bank account numbers will also be assessed late penalties. It is the responsibility of the customer to verify account information with the financial institution prior to sending in the authorization agreement.

Termination / Changes Policy – Terminations and/or changes must be made in writing to BCMUD not less than thirty (30) days prior to effective date of the change or termination. The customer is solely responsible for notifying BCMUD of any changes in sufficient time to prevent returned items and/or late fees and it is the customer’s sole responsibility to be sure that BCMUD has received such notification.

Debit Schedule Policy – Accounts will be debited on the due date. Should a due date fall on a weekend or bank holiday the account will be debited on the next business day.

A voided check is required for all direct debit requests.

By signing below, I am authorizing Brushy Creek Municipal Utility District to direct debit /credit the account and agree to the terms and conditions provided above.

Signature _____ Date _____

For Office Use Only

Received By: _____ Date: _____ Group: _____

First Debit: _____ Entered in UMS: _____ Entered in Bank site: _____

Date Pre-Noted: _____

Comments: _____