



# DIRECT DEBIT APPLICATION

### **How does Direct Debit work?**

Direct Debit lets you authorize the payment of your utility bill directly from a checking account or credit card. In other words, your check writing days are over! Direct Debit means you will not have to worry about late payment fees or bother with envelopes, stamps, and mailboxes again!

### **How will I know how much is being deducted?**

You will still receive a copy of your bill. If you have questions about specific charges, simply contact The City of Horseshoe Bay. Otherwise, your bill will be paid automatically.

### **When will my bill be paid?**

For both the "Checking Account Debit" and the "Credit Card Debit" option, payment automatically takes place approximately five (5) business days after you receive your bill.

### **What do I save with Direct Debit?**

Since your bill is paid automatically, you save on check charges, postage and, most importantly, time.

Please complete the "Direct Debit Application" section and then sign the "Authorization Agreement". Next, complete EITHER the "Credit Card Debit or Checking Account Debit section.

If you choose the "Checking Account Debit" option, **include a voided check and mail back to The City of Horseshoe Bay.**

**Please continue to pay your bill as usual until a message appears on your bill stating that the bill will be paid by Direct Debit.**

***I Would Like to Pay By (check one)***

**Credit Card**

**Checking Account**

### **DIRECT DEBIT APPLICATION (This Section to be completed on ALL Applications)**

Name (as shown on bill)	Last _____	First _____
Account Number	_____	
Physical Address	_____	
Billing Address	_____	
City	State _____	Zip _____
<b>Authorization Agreement</b>		
I hereby authorize The City of Horseshoe Bay and the financial institution designated in this application to charge the account/credit card I have specified for payment of my monthly service. <b>I understand that a \$35.00 fee will be charged to my account for each request returned for non-sufficient funds. If two requests are returned for non-sufficient funds, I will be excluded from the plan.</b> In addition, I understand that both the financial institution and The City of Horseshoe Bay reserve the right to terminate this payment plan and/or my participation therein. At any time, I may elect to discontinue my enrollment in this plan. If I so choose, I will provide written notice, upon receipt of my bill, to The City of Horseshoe Bay.		
Signature _____	Date _____	Phone _____

### **PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:**

<b>Credit Card Debit</b>		
Card Type:	VISA      MasterCard	Exp. Date _____
Name (as appears on card)	_____	* Account No. _____
Billing Address	_____	
City	State _____	Zip _____

<b>Checking Account Debit</b>		
Financial Institution	_____	
Address	_____	
City	State _____	Zip _____
Account Name (as it appears on your checks)	_____	
* Account No.	_____	

**Include a voided check from your account. Make certain your check is marked VOID**

**\*To avoid a late notice/charge, it is your responsibility to inform The City of Horseshoe Bay of a change in exp. date or account #.**