1840 Highway 87 • P.O. Box 1398 • Crystal Beach, TX 77650
Telephone: (409) 684-3515   Fax: (409) 684-7515

AUTOMATIC PAYMENT AUTHORIZATION

The **Automatic Payment Plan** will help you in several ways:
- *It saves time – fewer checks to write.*
- *Helps 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.*
- *It saves postage.*
- *It's easy to sign up for, easy to cancel.*

To authorize Bolivar Peninsula 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 (409) 684-3515.

Complete and Mail or Deliver to:
Bolivar Peninsula S.U.D. • 1840 Highway 87 • P.O. Box 1398 • Crystal Beach, TX 77650

I hereby authorize Bolivar Peninsula 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 Bolivar Peninsula Special Utility District and my Bank have received written notification from the undersigned to terminate this agreement. I understand that any changes to this agreement must be submitted in writing to Bolivar Peninsula Special Utility District.

_____
Name

_____
Address

_____
City/State/Zip

_____
Phone

☐Checking   ☐Savings

_____
Signature

_____
Water Account Number

_____
Bank Name

_____
Bank Routing Number

_____
Bank Account Number

_____
Date

Please include a voided check.