

**Nevada Special Utility District**  
108 N Warren Street  
Nevada, TX 75173  
Phone (972) 843-2608 • Fax (972) 843-2609

**ACH Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your checking or savings account. Just complete, sign, and provide a blank check with the word VOID printed on it and this form to get started!

**Please complete the information below:**

I \_\_\_\_\_ (full name) authorize Nevada Special Utility District to charge my bank account indicated below on the 15<sup>th</sup> of each month for payment of my water bill.

Billing Address	_____	Phone#	_____
City, State, Zip	_____	Email	_____
NSUD Acct #	_____		

Account Type:  Checking  Savings

Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



**“VOID” CHECK MUST BE ATTACHED**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Nevada Special Utility District in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. **If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the prior business day.** I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Nevada Special Utility District may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

**CANCELLATION OF ACH DRAFT**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_