



CITY OF BUDA – UTILITY BILLING DEPARTMENT 121 Main Street / P O Box 1218  
Buda, TX 78610 512-295-8845 – Office 512-312-1889 – Fax

**AUTHORIZATION AGREEMENT FOR CREDIT / DEBIT CARD DRAFTING**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
Utility Account #

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Email Address

**CREDIT / DEBIT CARD:**

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Account #

\_\_\_\_\_  
CVC # (back of card)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Driver's License / State

\_\_\_\_\_  
Phone Number

**Recurring** - Monthly Bill

**Account will be debited on the 10<sup>th</sup> of each month or next business day if the 10<sup>th</sup> falls on a weekend.**

**FOR OFFICE USE ONLY:**

Received \_\_\_\_\_ (date in office)

Entered into System \_\_\_\_\_ (Date)

Staff Initials \_\_\_\_\_

\*\*\*\*\*IMPORTANT NOTICE – PLEASE READ\*\*\*\*\*

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (Debits)  
RULES AND REGULATION AGREEMENT**

Your FIRST bill after signing up for credit / debit card direct payments should draft as long as the information you supplied is correct. You will still continue to receive a water bill.

**YOUR RESPONSIBILITY:**

1. To notify us of any changes to your credit / debit card or email address.
2. To notify us if you transfer water service to another address within the city or wish to terminate service.

**OUR RESPONSIBILITY:**

1. To set up your account in our billing system.

By signing, I authorize City of Buda to initiate a DEBIT entry to my account listed on this form. This authority will remain in effect until I notify the City, by completing an Auto-Debit Cancellation Form in writing. (Please allow up to one week for receiving and processing the cancellation form.) If the debit is returned unpaid the City may debit returned item fees, as posted, from my account in the same manner.

I have read and understand each party's responsibility.

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Signature

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Date