

Customer Name:

UPUD Account Number:

UNION PUBLIC UTILITY DISTRICT 339 MAIN STREET MURPHYS, CA 95247-9626 PHONE (209) 728-3651

AUTOMATIC DEBIT AUTHORIZATION FORM

I authorize Union Public Utility District to electronically charge my bank account number, as shown below, for all charges for services rendered against my water account.

| Mailing Address: | |
|---|--|
| City/State/Zip: | |
| Home Phone: | Other Phone: |
| Service Address: | |
| | |
| A VOIDED CHECK MUST BE ATTACHED TO PROCESS YOUR APPLICATION | |
| Bank Name: | |
| Branch: | |
| City/State/Zip: | |
| Routing Number: | |
| Account Number: | |
| Date of Request: | |
| | |
| | |
| TERMS AND CONDITIONS | |
| UPUD at 209-728-3651. | lls. If I dispute the amount, I will have 15 days after the bill date to contact |
| The deduction will be made from business day. | my account on the due date printed on the statement, or the next |
| This authorization will remain in effect until revoked by me or UPUD. | |
| I understand that for each payme | ent returned, a returned check fee will be applied to my account. |
| I will notify UPUD if I change banks or if my bank account number is changed. | |
| I MAKE AUTHORIZATION SUBJECT TO THE ABOVE TERMS AND CONDITIONS. | |
| Signature: | Date: |
| Did you remember to enclose a voided check? | |