

HARRIS COUNTY WCID - FONDREN ROAD
3134 CARTWRIGHT RD. • MISSOURI CITY, TEXAS 77459
PHONE: 281-499-5539 • FAX#: 281-261-4507

ELECTRIC FUNDS TRANSFER (EFT) • CREDIT CARD FORM

Fill out this form if you would like to sign up for a monthly deduction from your **Bank account** or **Credit Card**.

ELECTRIC FUNDS TRANSFER (EFT)

I authorize Harris County WCID - Fondren Road to initiate variable monthly debit entries to my bank account. If I have any changes to my bank account, I agree to contact the office at least 10 days before the due date to allow time to input the correct data into the system. You will continue to receive a utility bill each month for your records only.

-- Please include a pre-printed voided check along with your payment. --

(Account will be drafted approximately 3 days prior to the due date.)

Checking Account Signature: _____
 Savings Account Joint Signature: _____
Date: _____

CREDIT CARD PAYMENT: **A 3% processing fee will be charged for credit card payments**

This payment will be: **Monthly** (*Card will processed approximately 3 days prior to the due date.*)

Type of credit card: **Discover/Novus** **Visa** **Master Card**

Credit Card Number: _____ Expiration Date: _____ ()
MO YR CVV2
Signature: _____
Date: _____

I authorize Harris County WCID - Fondren Road to initiate variable monthly debit entries to my credit card. If I have any changes to my credit card, I agree to contact the office at least 10 days before the due date. This will allow time to input the correct data into the system. You will continue to receive a utility bill each month for your records only. A convenience fee will be assessed through a third party service provider. The fee will appear as a separate line item on your statement.

Customer Name: _____

Service Address: _____

Phone Number: _____

Account Number: _____

Effective Month for Service: _____

For Office Use Only

Excepted by: _____

Date posted: _____