

**CITY OF MISSOURI CITY – MUSTANG BAYOU SERVICE AREA**

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 City Of Missouri City – Mustang Bayou Service Area 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 City Of Missouri City – Mustang Bayou Service Area 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: