QUAIL VALLEY UTILITY DISTRICT
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 Quail Valley Utility District 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 Quail Valley Utility District 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: