VERONA SPECIAL UTILITY DISTRICT  
Auto-Draft Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME: |  |  | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | |
| ACCOUNT NUMBER: |  |  | | | |  | | | |  | | | |
|  |  |  | | | | | | | | | | | |
| ADDRESS: |  |  | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | |
| CITY: |  |  | | | | | STATE: |  | | | ZIP CODE: | |  |
|  |  |  | | | | | | | | | | | |
| PHONE NUMBERS: |  | HOME: |  | | | | | | WORK: | |  | | |
|  |  |  | | | | | | | | | | | |
| E-MAIL ADDRESS: |  |  | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | |
| CREDIT CARD INFO: |  | NAME ON CARD: | |  | | | | | | | | | |
|  |  | CARD # | |  | | | | | | | | | |
|  |  | EXP. DATE | | |  | | | | SEC. CODE: | | |  | |

By signing the auto-draft agreement form I agree/consent for Verona Special Utility District to withdraw the full amount of my water bill between the 15th and the 20th of each and every month. I further agree that all information above is true and correct. I understand that a 3% fee of my entire bill amount is added to the payment each month. I will receive an e-mail copy (if e-mail address is provided ) of my receipt once the transaction is processed. If for some reason my credit card is declined and cannot be processed before the due date, I will incur a $10.00 late fee. I understand that this agreement will be in effect until I notify Verona SUD of my cancellation or any changes.

|  |  |  |
| --- | --- | --- |
|  | Sign and e-mail to: |  |
| Signature | Veronawater@aol.com | Date |
|  | Or fax to: |  |
|  | 972-752-4029 |  |
|  | Or mail to:  408 W. FM 545 St. 400 |  |
| Printed Name | Blue Ridge, Tx 75424 |  |

12/10/2018