

Electronic Funds Transfer Service Authorization Agreement

New Application

Revised Application

Please deduct funds for my:			
<input type="checkbox"/> Electric bill only	<input type="checkbox"/> Loan bill only	<input type="checkbox"/> Both	
SMUD Electric Account Number	Cycle	SMUD Loan Account Number <i>(If Applicable)</i>	
Last Name		First Name	Initial
Service Address (include Apt.#)			
City		Zip	Home Phone Number ()
Mailing Address (if different)			
City		Zip	Work Phone Number ()
Name of Bank, Saving or Credit Union		Signature as shown on Bank, Saving or Credit Union Record	
Take funds from my (choose one): (Funds may not be drafted from a Credit Card or ATM Card.)			
<input type="checkbox"/> Checking Account Number		<input type="checkbox"/> Savings Account Number	
Bank Routing Number (9 digits)		Bank Routing Number (9 digits)	
I hereby authorize SMUD to deduct funds from my account at the above-indicated financial institution to pay monthly billings on the due date shown on the bill. I understand that I may stop electronic funds transfer services by notifying SMUD in writing. If necessary, my financial institution may also discontinue my participation. I further understand that if two payments are returned because of insufficient funds within a twelve-month period, my participation in the electronic funds transfer program may be automatically cancelled.			
Signature			Date

If paying through checking account, enclose a voided check with this agreement.

Mail to: SMUD

EFT, M.S. A253

P.O. Box 15830

Sacramento, CA 95852-1830



SMUD

SACRAMENTO MUNICIPAL UTILITY DISTRICT

The Power To Do More.SM