Electronic bill payments

- Have your payment automatically deducted from your bank account each month.
- No more checks to write, stamps to buy, or trips to pay your bill.
- It's free! There are no fees for this service.

We'll confirm your enrollment within 6 - 8 weeks of signing up.

Please continue paying your electric bill until you receive a bill showing your bank will pay on (date and amount).

For more information, visit **smud.org/EFT**, email **EFTquestions@smud.org** or call **916-732-6753**.

SMUD®
Powering forward.
Together.

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Electronic Funds Transfer

Convenient, hassle-free, automatic bill payments

Powering forward.
Together.

SMUD®

To sign up

1. Complete and sign the application.
2. Provide bank account information:
   a. **For checking account, attach a voided check to this application. The name on the check must match the name on the SMUD account.**
   b. For savings account, please provide a verification letter from your bank on bank letterhead with your routing and account number.

☐ New application ☐ Revised application

Please do not include your payment at this time. It may cause delays in posting.

Mail completed application to:
SMUD
EFT, M.S. A253
P.O. Box 15830
Sacramento, CA 95852-0830

Electronic Funds Transfer Service Authorization Agreement

Please deduct funds to pay: ☐ Electric bill ☐ Loan bill

SMUD account number	Cycle	SMUD loan account number (if applicable)

Last name	First name	Middle initial

Service address (include Apt.#)

City	Zip	Home phone number ( )

Mailing address (if different)

City	Zip	Work phone number ( )

Name of bank or credit union	Your signature as shown on bank or credit union record

Choose one (Funds may not be drafted from a credit card or debit card):

☐ Checking account	☐ Savings account
Attach a voided check The name on the voided check must match the name on the SMUD account.	Account 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

STOP

1. Attach a voided check if using a checking account.
2. Name on check must match name on SMUD account.
3. Don't forget to sign the application.