

HARRIS COUNTY MUD NO. 127

Bill Payment Options

1. **Pay online** at <https://www.utilitypaymentonline.com/> . This option allows you to pay with electronic check (E-Check) or credit card (Visa, MasterCard, or Discover). You must enter your entire 10-digit account number. The first five digits are 53127 (MUD 127 District ID), and the last five are your individual account number.
2. **Pay at most major supermarkets using your water bill payment stub.** Note that payments made at these locations take two to four business days to appear on your account. **LATE PAYMENTS ARE NOT ACCEPTED AT THESE LOCATIONS.**
3. **Mail a check or money order** to HCMUD #127, PO Box 842115, Houston, TX 77284.
4. **Pay in person at the H₂O Consulting office located at 5870 Hwy 6 North, Suite 215, Houston, TX 77084 during business hours, Monday – Friday, 8:00 AM to 5:00 PM.** Check, money order, and cash are accepted. Note: if paying with cash, no change can be given.
5. **Drop your check or money order in an envelope (with your payment stub) in the Drop Box** located in the former drive-through banking lane on the north side of the office building at 5870 Hwy 6 North. This can be done at any time.
6. **Set up monthly auto-pay from your bank account or via credit card.** To arrange auto-pay, complete the enclosed authorization form. Forms are also available at H₂O Consulting's office and at www.HCMUD127.com. The form and payments are processed by Central Bank in Houston. Fees for this option are explained on the form. **Note: implementation of auto-pay may take up to two billing cycles after receipt of your authorization form by Central Bank.**

For billing questions, please contact H₂O Consulting's Billing Department at 281-861-6215.

Would you like to receive your bills electronically?

Fill out the form below and return with your payment.
(Please print legibly)

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Please note: it may take one to two billing cycles to begin receiving your bill electronically. E-mailed bills will originate from update@opus21ms.com . Check your SPAM folder if you do not see your E-bill in your inbox.

Name on the Account _____ Acct # _____

Service Address _____

Mailing Address if different _____

City _____ State _____ Zip-code _____ Best Phone # _____

Email Address for Receipt of Bill _____



HCMUD 127

MONTHLY AUTO-DRAFT SET UP FORM

Your utility district is offering two Monthly Auto-Draft Payment options for paying your bill. You can participate in either option by completing one of the authorizations below. You will still receive a monthly district utility bill. Your account will be automatically debited on or after the due date listed on your monthly bill. **NOTE:** If due date falls on a weekend or banking holiday, your account will be deducted on the prior business day. Please be advised that if funds are not available on payment date, you will be assessed a service charge for a "return item." By completing one of the authorizations below, you are authorizing the following district to initiate monthly automatic payments for the following account:

District:	Water Account #:		
Service Address:	City:	Zip:	Home/Cell Phone:
Email information is to receive payment confirmation.	Email:		

This authorization will remain in effect until I provide my district a 30 days written notification to cancel.

Automatic Bank Draft

I authorize the above district to debit my bank account on a monthly basis. I agree to contact my district at least 30 days before the payment date with concerns to allow time for corrections. Automatic bank drafts will incur an additional **\$1 monthly fee**. **Please attach a VOIDED CHECK.**

Print Name (as it appears on your bank account):		Bank Name:	
Bank Routing #:		Bank Account #:	
Signature:		Date:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Is the address on your bank account the same as the above Service address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO, please complete the address information below:			
Billing Address:	City:	Zip:	Home/Cell Phone:

Credit/Debit Card Payment

I authorize the above district to debit my credit/debit card on a monthly basis. I agree to contact my district at least 30 days before the expiration date and with concerns to allow time for corrections. Credit/debit card payments will incur an additional **4% monthly fee**. This fee will appear on your statement as a separate line item.

Print Name (as it appears on your card):		Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover	
Card #:		CVV Code (3 digit security code):	Expiration Date (MM/YYYY):
Signature:	Date:	Email Required for CC Payment Confirmation:	
Is the address on your credit/debit card the same as the above Service address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO, please complete the address information below:			
Billing Address:	City:	Zip:	Home/Cell Phone:

Please return completed form for HCMUD127 to:
Central Bank – Public Funds
P.O. Box 801263
Houston, Texas 77280-1263
 For billing questions, please contact District Customer Service: 281-861-6215

FOR BANK USE ONLY:

RECEIVED: _____

FED INPUT: _____

NOTIFY OP: _____