Attach a voided check if using a checking account. No temporary checks please.

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, provide account number and bank routing number.

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 ❑ Both Electric & Loan Bills

SMUD Account Number	Cycle	SMUD Loan Account Number (if applicable)

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, Savings or Credit Union	Your Signature as shown on Bank, Savings or Credit Union Record

Choose one: (Funds may not be drafted from a Credit Card or ATM Card.)

❑ Checking Account Number	❑ Savings Account Number
Attach a voided check The name on the voided check must match the name on the SMUD account.	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. Remember to attach your voided check if using a checking account. Name on check must match name on SMUD account.
2. Don't forget to sign the application.

SMUD®