

## **Automatic Payments Authorization Form**

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NEW APPLICATION	UPDATE APPLICATION	CANCEL APPLICATION
*Account Name:		
*Service Address:	*Daytime Phone:	
*Water Account Number(s):		
I understand these automatic p	to deduct funds from the checking acc ayments may be cancelled or changed rs prior to my draft date (due date).	- ·
*Signature:	*	Today's Date:
	<b>AUTOPAY FAQ'S</b>	
Q: What if a payment is rejected? A: Payments may be rejected by minimum \$50.00 fee for each retrin a 12-month period, your enroll Q: How do I change or cancel parts.	fted) on the due date of your bill. unts through AutoPay? ter account numbers on the form.	ar payment is rejected more than once banking information changes?
Bank ir	nformation must be in account holder'	s name only.
All changes or cancellation	s must be received in writing at least 7	2 hours prior to your draft date.
	copy of a voided check from your checking a Return by fax (925-779-7054), email (service	· · · · · · · · · · · · · · · · · · ·
PL	ACE VOIDED CHECK I	HERE