

Finance Department PO Box 5007

Antioch, CA 94531-5007

## MONTHLY CHECKING ACCOUNT / CREDIT or DEBIT CARD DRAFT AGREEMENT

For your convenience, you may have your monthly water utility charges automatically paid from your checking account or personal credit or debit card with the following logos (Discover, MasterCard, and Visa). The City of Antioch does not charge you for this service; however, your bank or credit card agency may charge you a fee for the transaction.

- Complete and sign the AutoPay Authorization Agreement form below, using blue or black ink
- > If choosing checking account drafts, write "void" on one of your checks
- Return the completed AutoPay Authorization form and a "voided" check to the City of Antioch to us by email @ customerservice@ci.antioch.ca.us, by fax (925)779-7054 or by mail to the address above. Deposit slips are not acceptable.

## AUTOPAY QUESTIONS and ANSWERS

Q: What type of account can I use to participate?

A: AutoPay can withdraw funds automatically from any personal or business checking account or from your personal credit or debit card as listed above.

**Q:** When will the funds be withdrawn from my account?

A: Funds will be drawn on the due date on your bill.

Q: How do I enroll?

A: It's easy! Just complete the AUTOPAY AUTHORIZATION AGREEMENT form below and return the agreement to by email @ <u>customer</u><u>service@ci.antioch.ca.us</u>, by fax (925)779-7054 or by mail to the address above.

Q: How will I know when AutoPay will make my payments?

A: Continue to pay your water utility bill normally until you see the message on your statement "PAID BY DRAFT" and then do not remit a payment for that statement. You are check free! Please ensure that your account is current, with no credit balance, before you apply.

**Q**: Can I pay multiple water utility accounts through AutoPay?

A: YES. Simply include the additional water utility account(s) numbers you want to pay from the same checking account or personal credit or debit card.

Q: What if a payment is rejected?

A: Payments may be rejected by your financial institution for any reason. We reserve the right to charge a minimum \$80.00 fee for each returned item on your next statement and may also discontinue your participation in the AutoPay program if your payment is rejected more than once in a 12-month period. Your financial institution may also charge fees for rejected payments.

Q: How do I change or cancel participation in this program or what if my banking information changes?

A: Simply visit our website at www.ci.antioch.ca.us to print the form or call Customer Service for an AutoPay Authorization Agreement form. Circle the ⇔CHANGES or ⇔CANCELLATION box below, complete the rest of the form, sign and return the agreement to us in person or at the mailing address below. All changes or cancellations MUST be done in writing.

Q: What if I have questions on my statement or want more information?

A: Call us at (925) 779-7060 and speak with a Customer Service Representative Monday - Friday between the hours of 8:00am - 5:00 pm.

CUT HERE. Please retain upper portion for your records.

## AUTOPAY AUTHORIZATION AGREEMENT FORM – Please print clearly, using blue or black ink

Service address:	Daytime phone:
Water utility account(s) number(s):	
	norize the City of Antioch to: (check ( $$ ) one)
deduct my monthly water utility charges from my without a "voided" check.	r checking account listed on the enclosed "voided" check. Application cannot be processed
<b>o</b> ,	er utility charges. (Invalid credit card expiration dates may cause your payment omer Service in writing of any changes to your credit card information.) **CREDIT or DEBIT CARD PAYMENTS**
Return this form with a blank check with the word "VOID" written on the check. Deposit slips are <b>not</b> acceptable.	Name as it appears on card: Credit card number: Expiration date (month/year): Billing Address

Please allow ten (10) business days for processing. This authorization shall remain in full force and effect until the City of Antioch has received written notification from me of its change or termination. If necessary, I authorize adjustment credit and/or debit entries in case of errors. I understand that both the City of Antioch and my financial institution reserve the right to terminate this authorization and my participation therein.

Signature:

Date: \_\_

(<u>name on "voided" check or credit / debit card must match name of water account holder)</u> ⇔CHANGES ⇔CANCELLATION

CHANGES

Return original and KEEP A COPY FOR YOUR RECORDS:

City Hall - Finance Dept 200 H St. PO Box 5007 - Antioch, CA 94531-5007 Tel (925) 779-7060