Sunnyslope County Water District

3570 Airline Highway, Hollister, CA 95023-9702
Telephone: (831) 637-4670 Fax: (831) 637-1399

AUTOMATIC PAYMENT AUTHORIZATION

When you enroll in Auto Pay, we will automatically debit your personal checking, share draft, or savings account for the total amount of your District utility bill. You will continue to receive your monthly District utility bill as normal; however, no manual payment will need to be made as the full amount due will be electronically deducted from your account **on the 15th of every month**.

To participate in Auto Pay, I agree to and understand all of the following terms and conditions:

- I must be current on my utility account to be eligible to sign up and remain on this program.
- It may take 3-6 weeks for my Auto Pay enrollment to be processed. I will need to continue to pay my bill as normal until I see **** ON AUTO PAY, DO NOT PAY THIS BILL **** appearing on my bill.
- I must authorize the District to debit my checking or savings account for the total monthly charges for utility services, partial payments will not be allowed.
- I must ensure that sufficient funds are in my checking or savings account to cover the full amount of my utility bill.
- If two refused electronic fund transfers occur on my bank account, the District may cancel this agreement at its option.
- The District must be promptly notified of any change to my checking or savings account. It is my responsibility to provide the District with current bank account information.
- The District recognizes the need for the privacy and protection of personal information. The District does not release customer's personal information to outside agencies or companies, except as needed in the billing and collection process related to the District's utility services.

AUTHORIZATION

I hereby authorize Sunnyslope County Water District to initiate debits (payments) or credits (corrections) to the financial institution indicated below for the purpose of paying my monthly utility bill with Sunnyslope County Water District. The financial institution is authorized to debit/credit my account. This authority is to remain in full force and effect until I revoke it by giving **15 days prior written notice** to Sunnyslope County Water District, it is canceled by Sunnyslope County Water District under the conditions stated above, or I terminate my service with Sunnyslope County Water District. I have also read and agree to the terms and conditions outlined above.

_____ Type of Account: ❑ Checking ❑ Savings
Financial Institution Name or Share Draft

___ ___ ___ ___ ___ ___ ___ ___ ___ _____
Routing/ABA Number * Bank Account Number

IMPORTANT: ***For electronic debit processing, please attach a voided check to this form (Do not give a deposit slip)***

* The Routing/ABA number is the routing number located at the lower left corner of your check (usually the first 9 digits).

_____ _____ _____
Customer Signature Date Daytime Phone No.

_____ _____
Customer Name (please print) District Account Number(s)

OFFICE USE ONLY

Date Received: _____ Route & Service: _____ Effective Date: _____