

# Autopay Program Authorization Agreement

To participate in the Autopay Program, please complete the following information.

**Important: Include a voided check when returning this agreement.**

## Bill Payment

Please continue paying your water bill until you receive a letter confirming your participation in the Autopay program. After which time, you will receive information only water statements, and your bank will be authorized by you to automatically pay the total amount due. From the time you sign up, it will take one billing cycle to enroll you in the program.

Customers who move will be mailed a closing water bill for payment. Closing water bills cannot be paid electronically.

For more information regarding the Autopay program, please call the **Citrus Heights Water District** at **(916) 725-6873**.

_____ Last Name		_____ First Name		_____ M.I.	_____ CHWD Acct Number
_____ Service Address		_____ Apt.	_____ City	_____ State	_____ Zip code
_____ Mailing Address		_____ Apt.	_____ City	_____ State	_____ Zip code
_____ Daytime Telephone Number (including area code)			_____ Evening Telephone Number (including area code)		
_____ Name of Financial Institution			_____ Financial Institution Branch		
_____ Bank Account Number		Circle one: <b>Checking Savings</b>		_____ Routing / ABA Number (usually 9 digits on the bottom of your check)	
_____ Print Your Name (as shown on financial institution records)			_____ Your signature (as shown on financial institution records)		



**CITRUS  
HEIGHTS  
WATER  
DISTRICT**

6230 Sylvan Road  
P.O Box 286  
Citrus Heights  
California  
95611-0286

916/ 725-6873 *voice*  
916/ 725-0345 *fax*  
[www.chwd.org](http://www.chwd.org) *website*

I hereby authorize Citrus Heights Water District to deduct funds from my account at the above-indicated financial institution to pay my water bill on the due date shown on my bill. I understand that I may stop participating in the Autopay program by notifying Citrus Heights Water District and my financial institution 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 Autopay program will be automatically cancelled.

By authorizing Citrus Heights Water District to deduct funds from my account, I acknowledge that payment of my water bill remains my responsibility. I agree and understand that Citrus Heights Water District cannot be responsible for any failures of my financial institution to transfer funds, failure of mine to maintain sufficient funds in the paying account, or for any failures of transfer due to circumstances arising from problems in the electronic transfer system.

It is Citrus Heights Water District's policy to protect the integrity of its customer's financial information and records at all times. By signing below and authorizing the Citrus Heights Water District to deduct funds from my account, however, I agree and understand that Citrus Heights Water District has no control over the electronic funds transfer process and, therefore, cannot guarantee the security of my financial information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date