

To sign up...

Enclose the following in an envelope marked **EFT**:

1. A **completed and signed Authorization Agreement**.
2. If paying through a checking account, include a **voided check**. *A deposit slip is not acceptable.*
3. Please do not include a payment in the specially marked EFT envelope. ***This may cause delays in posting your payment.***
4. Please continue paying your water bill until you receive a letter confirming your participation in the EFT program. After which time, you will continue to receive your water statements, but your bank will be authorized by you to automatically pay it. From the time you sign up, it will take one billing cycle to enroll you in the program.
5. Customers who move will be mailed a closing water bill for payment. Closing water bills cannot be paid electronically.

Mail your completed agreement to:

Citrus Heights Water District
EFT Dept
PO Box 286
Citrus Heights CA 95611-0286

For more information regarding the Electronic Funds Transfer service, please call **Citrus Heights Water District** at **(916) 725-6873**.

Electronic Funds Transfer Service Authorization Agreement

To apply for electronic funds transfer service, please complete the following information:

_____ 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: _____ Checking Savings	_____ 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)		

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 electronic funds transfer services 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 electronic funds transfer 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