



Please return completed form to:
 City of Vallejo · Commercial Services Division · 555 Santa Clara Street · Vallejo, CA 94590
 Phone: (707) 648-4345 Fax: (707) 649-5407 www.cityofvallejo.net
 Office Hours: Monday - Friday 8:30 a.m. to 5:15 p.m.

AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

This form is provided so that you may initiate or change automatic bill payment for your City of Vallejo water utility bill. Sign up for automatic bill payment and your payment will be automatically deducted from your bank account approximately one week before payment is due. You will still receive your regular billing statement for each cycle. And you can always contact us with any questions before your automatic payment is made electronically. Please return this completed form to the City of Vallejo at the address noted above. Please *do not* enclose payment with this authorization. Should you have any questions, we can be reached at (707) 648-4345.

Customer Information

Date	<input style="width: 95%;" type="text"/>	Water Account Number	<input style="width: 95%;" type="text"/>
Name (as shown on bill)	<input style="width: 95%;" type="text"/>	Daytime Phone Number	<input style="width: 95%;" type="text"/>
Service Address	<input style="width: 95%;" type="text"/>		City, State, Zip <input style="width: 95%;" type="text"/>

Bank Information

Name of your Bank or Financial Institution	<input style="width: 95%;" type="text"/>	Bank Account Number	<input style="width: 95%;" type="text"/>
Your name as shown on Bank or Financial Institution Records	<input style="width: 95%;" type="text"/>	Bank Phone Number	<input style="width: 95%;" type="text"/>

I would like to Start automatic bill payment. Please choose account payment option you would like to use. Note: a separate authorization form is required for each water service account.

Please note payments will be deducted from your checking account approximately one week before the bill due date.

- Checking Account **(Be sure to include a voided check if you select this option. Deposit slips cannot be accepted)**
- Change the bank account associated with my current automatic payment.
(Be sure to include a voided check if you select this option. Deposit slips cannot be accepted).
- I would like my current automatic payment to be transferred to my new service address and account listed above.
Please provide old service address: _____

AUTHORIZATION AGREEMENT FOR BANK ACCOUNT TRANSFERS (ACH)

I (we) authorize the City of Vallejo to initiate debit entries to deduct funds from my (our) bank account at the financial institution listed above each month for the amount due on my (our) City of Vallejo water utility bill. This authorization is to remain in full force and effect until the City of Vallejo has received written notification from me (either of us) of its termination at least five (5) working days prior to the date scheduled for automatic debit of my (our) bank account. I (we) also understand that the City of Vallejo and/or my financial institution can stop my participation in this service if necessary. I (we) agree that if sufficient funds are not available in the above bank account to allow the bank to automatically process the payment, that I (we) will pay the City of Vallejo, by cash, money order or credit card, the outstanding balance plus a \$25.00 returned check fee. I (we) acknowledge that after two occurrences of rejected payments, I (we) will no longer be eligible for automatic bill payment. I (we) acknowledge that participation in automatic bill payment is automatically ended with the final billing on a closing bill.

Name: _____ Signature: _____ Date: _____