

# RECURRING PAYMENT AUTHORIZATION FORM

## AUTO PAY (ACH)

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

CITY OF WATERFORD  
101 E STREET  
WATERFORD, CA 95386  
Phone # 209-874-2328  
Fax # 209-874-9656



### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage).
- Your payment is always on time (even if you're out of town), eliminating late charges.
- There is no additional charge for this service.

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged **the total amount due** to the City of Waterford each billing period. The charge will appear on your bank statement as "Direct Debit City of Waterford".

Please complete the information below:

I, \_\_\_\_\_, (PRINT FULL NAME) authorize **The City of Waterford** to debit my **checking / savings account on the 15th of each month** for payment of my **City of Waterford Utility Bill**.

Utility Bill Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings									
Name on Account:	Name on Account:									
Billing Address:	Bank Name:									
City, State, Zip:	Bank Account #:									
Phone #:	Bank Routing #:									
Email:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="border: none;">⌚ 3 2 2 2 8 1 6 1 7</td> <td style="border: none;">⌚ 0 0 0 1 2 3 4 5 6 7 8 9</td> <td style="border: none;">⌚ 1 0 1</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">Routing Number</td> <td style="border: none;">Account Number</td> <td style="border: none;">Check Number</td> </tr> </table>	⌚ 3 2 2 2 8 1 6 1 7	⌚ 0 0 0 1 2 3 4 5 6 7 8 9	⌚ 1 0 1				Routing Number	Account Number	Check Number
⌚ 3 2 2 2 8 1 6 1 7	⌚ 0 0 0 1 2 3 4 5 6 7 8 9	⌚ 1 0 1								
Routing Number	Account Number	Check Number								
<i>Please Note:</i> You will receive your monthly Utility Bill Account Statement as normal.										

Authorizing Signature:	Date:
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I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **the City of Waterford** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **the City of Waterford** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.