

AUTO PAY SERVICE AUTHORIZATION AGREEMENT

SIGNING UP IS EASY!

1. Write 'void' on one of your original imprinted checks.
2. Complete the short application.
3. Mail or drop off your application and voided check to our office.
4. Continue to pay as usual until verification of Auto Pay is reflected on your billing statement.

For more information or additional applications, please call us at 818.248.3925 or visit www.cvwd.com

NOTE: Please complete an application for each account. Payments rejected by your financial institution will incur additional fees.

Water Account # Name (Please print name as it appears on your water bill)

Service Address

Financial Institution Bank Account Number

I hereby authorize Crescenta Valley Water District (CVWD) to deduct funds from my account at the financial institution listed above, to pay my bimonthly water/sewer bill. CVWD may initiate a direct debit for the total amount due.

I understand this authorization is to remain in full effect until CVWD has received written notification of its termination, at least 72 hours in advance of the next scheduled payment. I also understand that CVWD may stop my participation on this service if necessary.

Signature Date Phone Number

e-mail address