



ROWLAND WATER DISTRICT
3021 SOUTH FULLERTON ROAD
ROWLAND HEIGHTS, CA 91748
Telephone: (562) 697-1726 Fax: (562) 697-6149

DISTRICT OFFERS AUTOMATIC BILL PAYMENT

Why sign up for Automatic Bill Payment?

By signing up for our automatic bill payment plan, your monthly water bill will be automatically deducted from the checking or savings account of your choice 14 days after the *"date bill mailed"* shown on your bill.

Will I receive a monthly statement?

Yes. Your monthly statement will be mailed to you more than two weeks before the payment is deducted from your account. You will be able to review your bill and notify us if you have any questions. If for any reason there is a dispute, you may contact the District prior to the automatic withdrawal date to resolve the dispute before payment is withdrawn.

How do I Discontinue Participation in the Program?

A written request to the District is necessary to terminate your automatic payment.

How do I sign up?

Simply complete the form below, sign it, cut it out, and return it to the District with a blank voided check.

When will my Automatic Bill Payment Begin?

Please pay your current bill in full with a separate check. If your account does not have a zero balance, your first automatic payment will be for the entire amount owed.

Please continue to pay your bill until "DO NOT REMIT" appears on your monthly statement.

Any uncollectible Amounts will be charged a \$30.00 Non-sufficient Fund Charge.

Additional Deposit may be required.



**ROWLAND WATER DISTRICT
 AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT PROCESSING**

I hereby authorize Rowland Water District and my financial institution to automatically deduct from my checking account indicated below all future payments for my water bills.

I understand that both Rowland Water District and my financial institution reserve the right to terminate this authorization and my participation therein. If I choose to terminate this authorization, I will immediately notify Rowland Water District. I understand that authorization will terminate 10 business days after I notify Rowland Water District in writing of my intent to terminate this authorization.

AUTHORIZED SIGNATURE _____ **DATE** _____

Consumer Information (As It Appears on your Water Bill)

Account Number _____

Account Name _____

Service Address _____

City _____ Zip _____

Mailing Address _____

City _____

State _____ Zip _____

Telephone Number: _____

Bank Information (Please Print)

Financial Institution _____

Branch _____

Address _____

City _____ Zip _____

Branch Routing Number _____

Bank Account Number _____

VOIDED CHECK MUST BE ATTACHED