



AUTO-PAY AUTHORIZATION

I hereby authorize Joint Powers Water Board to initiate charges to my bank account, which is identified below. Adjustments may be debited/credited to correct errors. I also authorize the listed financial institution to make the requested payments in accordance with the Auto-pay Plan. This authorization will remain in effect until Joint Powers Water Board has received written notification from the authorized parties to terminate this payment arrangement and has reasonable opportunity to act on it. If Joint Powers is unable to process payments for 3 consecutive billing periods, Auto-pay services will be cancelled and written notification sent. I agree that I am obligated to pay for my utility services and insufficient fund charges in the event that a charge to my account is dishonored, for whatever reason. Joint Powers Water Board retains normal collection rights.

Name: _____ Joint Powers Account# _____

Address: _____ City: _____

State: _____ Zip Code: _____

Bank Name: _____

Account Type: Checking _____ Savings _____ (please check)

Account# _____

ABA Routing# _____

**PAYMENT WILL BE PROCESSED ON THE 20th OF EVERY MONTH
PLEASE PROVIDE A VOIDED CHECK FOR THE ACCOUNT TO BE USED**

Customer Signature: _____