

**VALLECITOS WATER DISTRICT
DIRECT PAYMENT PROGRAM**

Many of our customers have asked for a more convenient and less time consuming way to pay their water bill. Numerous customers have commented on the benefit that would be gained from: (1) not having to remember to make their monthly payment, (2) providing payment protection during vacation, (3) savings on postage, and (4) avoiding the risk of late payment due to slow mail delivery. Based on these benefits, the Board of Directors has approved the **Direct Payment Program**.

How does it work?

1. **Sign and return** the below cut-off section by separate mail or include with your next payment. This authorizes VWD to debit your bank account for the amount of your monthly bill. A deposit slip (savings account) or voided check (checking account) **must be included**.

2. You will continue to receive a monthly bill. If you question the charges, you must contact VWD within five days after receiving the bill. If not disputed, the amount will automatically be transferred out of your account **not less than 20 days nor more than 30 days** after your billing date. If you question the charges after the five day period, adjustments can be made on your next bill. Be sure to deduct the payment amount from your bank account.

3. If there are insufficient funds (NSF) in your account to cover the direct payment, a service charge of \$30 will be added. The total due must then be covered in cash, cashiers check or money order. After two NSF's this contract is voided.

4. You may cancel this agreement by giving VWD 30 days written notice.

5. *For your protection, Federal Statute prohibits removal of funds from an account for any reason or amount not approved by the account owner.*

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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT PROGRAM

I/We authorize Vallecitos Water District (VWD) to initiate debit entries to my/our () CHECKING () SAVINGS ACCOUNT (select one) indicated below at the financial institution (DEPOSITORY) named below, and to debit the same to such account.

DEPOSITORY _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ DEPOSITORY ACCT # _____
(9 digit number at bottom of your check)

NAME(S) _____ VWD ACCT # _____
Please Print

SIGNED _____ DATE _____

DAYTIME TELEPHONE # _____

Statute prohibits removal of funds from an account for any reason or amount not approved by the account owner.