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Authorization and Enrollment Form

Automatic Payment
 E-Billing
 Level Payment

Account Number		Phone Number	
Customer Name(s)			
Service Address			
Financial Institution Name			
Account Type	<input type="checkbox"/> Checking Account		<input type="checkbox"/> Savings Account
Bank Account Number			
Routing/Transit Number			
Credit Card*	Please visit www.municipalonlinepayments.com/phelanpinonhillsca/utilities to enroll.		
E-Billing Enrollment	Choose Only One Option: <input type="checkbox"/> E-Bill Only <input type="checkbox"/> Paper Only <input type="checkbox"/> Paper and E-Bill		
Email Address			
Choose Deduction Date**	<input type="checkbox"/> 5th of each month	<input type="checkbox"/> 10th of each month	<input type="checkbox"/> 15th of each month
Level Payment Enrollment***	<input type="checkbox"/> I agree to have my bills averaged for the year and pay a level monthly payment.		

*Online registration required. Monthly \$3 fee applies when using a debit or credit card to pay automatic payments.

**Automatic payments will be debited on the date selected. E-Billing is strongly suggested if you choose to have payment debited on the 5th of each month so that bill is received before payment is deducted.

***Level Payment Enrollment is established yearly beginning in January and is settled in November.

Automatic Payment Authorization - I authorize Phelan Piñon Hills Community Services District (PPHCSD) to collect payment of my water bill by initiating debit entries (deductions) to the bank account indicated above. I understand that this authorization will remain in effect until I cancel it in writing or PPHCSD has cause to cancel it. I agree to notify PPHCSD 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 periodic payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the noted periodic transaction date. I understand that if there are insufficient funds in my account on the day of the withdrawal, a Non-Sufficient Funds (NSF) charge of \$30.00 will apply. In addition, my account will be considered past due and late penalties will apply. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Automatic Payment Start Date - I understand that my request for automatic payment will not take effect until the next billing cycle. Please contact office to verify automatic payment start date. Furthermore, I understand that my account must have a zero balance before automatic payments will begin.

Customer Signature _____

Date _____

For Office Use Only

Account balance is paid
 Balance needs to be paid
 Account Holder Verified