



Authorization and Enrollment Form

..... Automatic Payment * * * Ebilling

Automatic Payment*
 Level Payment Enrollment*
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CUSTOMER NAME(S)			
SERVICE ADDRESS			ACCOUNT NUMBER
PHONE NUMBER			
EMAIL ADDRESS			
FINANCIAL INSTITUTION NAME			
ACCOUNT TYPE	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Credit Card *\$2.00 Per Transaction
ROUTING/TRANSIT NUMBER			
BANK ACCOUNT NUMBER			
CREDIT CARD NUMBER			EXPIRATION DATE
EBILLING OPTION	<input type="checkbox"/> EBill Only		<input type="checkbox"/> Paper and EBill

***Effective September 1, 2014, a \$2.00 convenience fee will apply to all credit and debit card transactions**

***Automatic payments will be debited on the bill due date (approximately the 15th of**

***Level Payment Enrollment is established yearly. No bank account account information is required.**

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 or credit card 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the noted periodic transaction date.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. Further, I understand that all past due amounts owing must be paid in full before automatic payments will commence.

Customer Signature

Date