CARPINTERIA VALLEY WATER DISTRICT
DIRECT PAYMENT AGREEMENT

HOW DOES DIRECT PAYMENT WORK?
After enrollment in the Direct Payment Program you'll still continue to receive your itemized monthly water bill. The amount of your water bill will be automatically debited from your checking or savings account on the 20th of the month. Of course, you can still call the District office if you ever have questions about your bill.

AFTER I'M ENROLLED, HOW DO I CHANGE INFORMATION ON MY DIRECT PAYMENT?
All changes must be received by the District in writing at least fifteen days prior to the date scheduled for automatic debit of your account. Any written change received within fifteen days of the automatic payment will not allow us sufficient time to process any needed corrections. Account corrections will then be made in the next billing cycle. You may cancel participation in the program at any time by giving the District a 30-day written notification. Please keep a copy of the cancellation request for your records.

WHAT HAPPENS IF THE EVENT OF A REJECTED PAYMENT?
Payments may be rejected by your financial institution because of insufficient funds, closed/unauthorized accounts or other reasons. The District will assess a service charge, if a payment is rejected. We will then require that the current payment amount be covered in cash, cashiers check or money order. After two such occurrences of rejected payments, you will no longer be eligible for the Direct Payment Program.

☐ Yes, I understand the policies mentioned in the Direct Payment Agreement and I wish to participate in the Program using my (our)CHECKING ACCOUNT.

Please continue to make your payments until you receive a letter indicating the date of your first automatic payment.

Name (please print name as it appears on your water bill) _____

Water bill account number (as it appears on your bill) _____

Service address (please print) _____

Financial Institution (please print) _____

City State Zip _____

Routing Number _____

Telephone Number _____

Bank Account Number _____

Water Account Holder Signature-Authorization _____

Date _____

CDL Verification _____

PLEASE INCLUDE A VOIDED CHECK
(We cannot complete your request if a voided check is not enclosed)

This authorization is to remain in full force and effect until CVWD has received a thirty (30) day written notification from me (or us) of its termination.

I hereby authorize the Carpinteria Valley Water District and the financial institution I've indicated to automatically deduct from my checking or savings account (as indicated) all future payments for my water bills. I understand that both the 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 the District in writing.

Print Name _____

Signature Date _____
(Signature must match name on check) Note: Signature is mandatory to be enrolled in the Direct Payment Program.

FOR CONFIDENTIALITY PURPOSES, PLEASE DO NOT FAX ENROLLMENT FORM.
PLEASE MAIL OR WALK-IN FORM.