



Dear Customer,

The Twentynine Palms Water District offers an automatic payment option for you to pay your water bill. If you wish, your water bill charges can be deducted from your checking or savings account. If you choose to use this option, you will receive a statement indicating the amount of the bi-monthly charges that will be deducted from your checking or savings account. The withdrawal of the billed amount will occur on the 18th of the month unless that date falls on a weekend or holiday, in which case the payment will be deducted on the next business day.

If your financial institution fails to pay, a fee of \$25.00 will be added to your bill for each such lack of payment. Additionally, if payment is not made before the delinquent date indicated on your statement, penalties will be applied.

Please be sure to include your daytime telephone number on the authorization so that we may contact you if we have any questions.

If you have multiple water accounts, a separate authorization with attached voided check or savings account information is required for each water account on which you wish to use the automatic payment option. You may copy the authorization on the back of this form or obtain additional forms from the District by coming into the office or calling 760-367-7546 to request the forms by mail or fax. Please be certain to return the original signed authorization to the District.

Questions regarding this payment option can be directed to Rochelle or Linda at 760-367-7546.

If you wish to use the automatic payment option, complete and sign the form on the reverse, attach a voided check or complete savings account information and return to the District office, 72401 Hatch Road, Twentynine Palms, CA 92277.

Sincerely,

Ray Kolisz
General Manager

TWENTYNINE PALMS WATER DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Twentynine Palms Water District, hereinafter called the DISTRICT, to initiate debit entries to my (our) Checking Account named on the **attached voided check** or Savings Account financial institution named below, hereinafter called the DEPOSITORY, and to charge the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the DISTRICT has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the DISTRICT and the DEPOSITORY a reasonable opportunity to act on it.

Name _____

Name _____

Water Service Address _____

Mailing Address (if different) _____

Water District Account Number _____

Signature _____

Date _____

Signature _____

Date _____

Daytime Telephone _____

Savings Account Financial Institution _____

Financial Institution Address _____

Routing Number _____ Account Number _____

ATTACH VOIDED CHECK HERE