



**Please return with
a voided check.**

City of Vallejo • Commercial Services • 555 Santa Clara Street, Vallejo, CA 94590
Phone: (707) 648-4345 Fax: (707) 638-3520 vallejowaterbilling@cityofvallejo.net

AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

This form is provided so that you may initiate or change automatic bill payments for your City of Vallejo water utility bill. Sign up for autopay and your payment will automatically be deducted from your bank account approximately one week before payment is due. You will still receive a regular paper bill statement for each cycle. Feel free to contact us with any questions before your autopay is made electronically. Please return this form completed to the address above. Please *do not* enclose payment with this form.

Customer Information

■ Date of Request:		■ Water Account #	
■ Accountholder Name:		■ Daytime Phone #	
■ Account Service Address:		■ City, State, ZIP:	

Bank Information

■ Bank or Financial Institution		■ Bank Account #	
■ Bank Accountholder Name		■ Bank Phone #	

I would like to *start* automatic bill payment. Please choose the payment option you would like to use. **Note:** a separate authorization form is required for *each* water service account. Please note, payments will be deducted from your checking account approximately one week before your bill's due date.

Please include a voided check as deposit slips will not be accepted.

- ☐ Add Checking Account
- ☐ Change the Current Bank Account Used for Autopay
- ☐ Transfer Current Autopay to New Address
- Previous Address: _____

AUTHORIZATION AGREEMENT FOR BANK ACCOUNT TRANSFERS (ACH)

I/we authorize the City of Vallejo to initiate debit entries to deduct funds from my/our bank account at the financial institution listed above each month for the amount due on my/our City of Vallejo water utility bill. This authorization is to remain in full force and effect until the City of Vallejo has received written notification of its termination at least five working days prior to the date scheduled for automatic debit of my/our bank account. I/we also agree that if sufficient funds are not available in the above bank account to allow the bank to automatically process the payment, that I/we will pay the City of Vallejo by cash, money order, or credit card. I/we will no longer be eligible for automatic bill payment. I/we acknowledge that participation in autopay is automatically ended with the final billing on a closing bill.

Name: _____ Signature: _____ Date: _____ rev.4/15/24