

**COASTSIDE COUNTY WATER DISTRICT  
AUTOMATIC BILL PAYMENT AUTHORIZATION FORM**



Name: \_\_\_\_\_

Mailing Address (City, State and Zip): \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

This form is provided so that you may initiate or change automatic bill payment for your Coastside County Water District utility bill. Please return this completed form to Coastside County Water District, 766 Main Street, Half Moon Bay, CA 94019. Please *do not* enclose payment with this authorization. Should you have any questions, please call our office at (650) 726-4405 or email [customerservice@coastsidewater.org](mailto:customerservice@coastsidewater.org)

**CUSTOMER INFORMATION**

Name (as shown on billing account) \_\_\_\_\_

Service Address \_\_\_\_\_

Customer Account No. \_\_\_\_\_ / \_\_\_\_\_

*(List up to 2 account numbers per form - Account No. Example: 000-00000-00)*

Please enroll me in automatic draft payment

**Note:** *Payments will be deducted from your checking or savings account two/three days before the bill due date.*

**If a customer's check/ACH payment is dishonored by the financial institution on which it is drawn the customer shall pay an additional charge of \$25.00 per our Rate and Fee Schedule, Section 3.B.**

**CHECKING OR SAVINGS ACCOUNT**

Your next utility bill will not be automatically deducted from your bank account. We must do a prenote with your bank account in the first month (must receive form by the 20<sup>th</sup> of the month). Your automatic payment will begin the month following your prenote. You must pay your utility bill as usual during this "prenote" time.

Checking Account *(Include a voided check)*                       Savings Account

Name as it appears on  
Checking or Savings Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Change the bank account associated with my current automatic payment *(Be sure to include a voided check if you select this option).*

I would like my current automatic payment to be transferred to my new service address and account listed above.

Please provide old service address: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR BANK ACCOUNT TRANSFERS (ACH)**

I (we) authorize the Coastside County Water District to initiate debit entries to my (our) bank account each month for the amount due on my (our) Coastside County Water District utility bill. I (we) acknowledge that the originator 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 Coastside County Water District has received written notification from me (either of us) of its termination in such time and in such manner as to afford the Coastside County Water District a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_