



## Automatic Payments/Electronic Funds Transfer (EFT) Authorization Form

### INSTRUCTIONS

**Step 1:** Complete the Customer Information and Preferred Payment Option Information Below.

**Step 2:** Sign the Authorization Form.

**Step 3:** Return the form to Carmichael Water District by:

**Mail or in Person:** 7837 Fair Oaks Blvd, Carmichael, CA 95608

**Fax:** 916-483-5509

**Step 4:** Continue paying your water bill until you receive a confirmation letter or until indicated on your Billing Statement.

☐ Set Up New Auto-Pay

☐ Update Auto-Pay Information

### CUSTOMER INFORMATION

Customer Name: \_\_\_\_\_ CWD Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred Contact Number: \_\_\_\_\_

### PREFERRED PAYMENT OPTION

PREFERRED CARD [Check One] ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ Debit ☐ Credit

Name as it Appears on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_  
(Please Print)

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Card Security Number: \_\_\_\_\_ Card Billing Zip Code: \_\_\_\_\_

☐ **CHECKING ACCOUNT** (A VOIDED CHECK IS REQUIRED FOR THIS OPTION)

☐ **SAVINGS ACCOUNT**

Bank Routing Number: \_\_\_\_\_ Checking/Savings Account Number \_\_\_\_\_  
(Bank/Institution Identification Code - Typically first 9 numbers displayed on Check) (Typically second set of 9 to 10 digit numbers displayed on Check)

### AUTHORIZATION AGREEMENT

I hereby authorize Carmichael Water District (CWD) to deduct funds from preferred payment option (PPO) indicated above to pay my water bill on the due date shown on my bill. If due date falls on the weekend, payments may be deducted on the business day prior. I understand that if desired, it is my responsibility to stop automatic payments by notifying CWD in writing 30 days prior to my next due date. By authorizing CWD to deduct funds from my PPO above, I acknowledge that payment of my water bill still remains my responsibility. I agree and understand that CWD cannot be responsible for any failures of my financial institution to transfer funds, failure of mine to maintain sufficient funds in the paying account, or for any failures of transfer due to circumstances arising from problems in the electronic transfer system. I further understand that if two payments are returned, for any reason, within a twelve month period my participation in the EFT program will be automatically cancelled.

By signing below I am authorizing CWD to deduct funds from my card/bank account indicated above, however, I agree and understand that CWD has no control over the EFT process, and therefore, cannot guarantee the security of my financial information. ***I understand that if my Payment or CWD Account ownership information changes for any reason, it is my responsibility to inform CWD within 30 days prior to my next due date.***

Customer/Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VISIT [www.carmichaelwd.org](http://www.carmichaelwd.org) for answers to common questions and additional information.

### For Billing Department Use Only:

Received Date: \_\_\_\_\_ Processed Date: \_\_\_\_\_ Processed By: \_\_\_\_\_