

CITY OF DOWNEY
WATER DIVISION

AUTOMATIC DEBIT ENROLLMENT

Are you tired of wondering if your water bill has been paid? Have you ever suddenly wondered if you mailed off your payment and weren't sure? Have you ever had to make a trip to City Hall to make sure your payment was made in time? Well you don't have to have these kinds of worries anymore!

The City of Downey has begun offering the service of "Automatic Debit" for payment of your water account. This service will allow the City to withdraw the full amount of your water and/or trash bill directly from your bank account. If you request this service instead of a bill being issued you will receive a statement detailing the amount that was withdrawn from your checking account. **Funds will be withdrawn one week after the statement date.**

If you wish to subscribe to this service please complete the following form. If you have more than one account with the City you must complete a separate form for each account.

We must have a copy of a void bank check. Attach a void check to the application. Copies of deposit slips will not be accepted. Return the completed form and void check in the enclosed envelope. The City will effectuate the actual changes as soon as possible after the test. You must verify that the withdrawal was made correctly.

If received in time to allow a test to be conducted payment of your bill by automatic debit of your account will begin with your next bill. If there is not enough time for a test prior to your next bill you will receive the bill in the usual manner and automatic payment of your bill will begin on the following bill.

CUSTOMER NAME:_____

DAY TIME PHONE NUMBER:_____

SERVICE ADDRESS:_____

WATER AND/OR TRASH ACCOUNT NUMBER:_____
(10 NUMBERS)

NAME OF YOUR BANK:_____

YOUR BANK TRANSIT ROUTING NUMBER:_____
(9 NUMBERS-OBTAIN FROM BANK)

YOUR PERSONAL BANK ACCOUNT NUMBER:_____

I hereby give permission for the City of Downey to withdraw funds from my bank account for the full amount of my water and/or trash bill. These funds will be withdrawn from my account each billing cycle unless I issue a written order to the City to cancel my request for automatic payments.

Print name:_____

Signature:_____Date:_____