



Automatic Payment Authorization Form

Recurring Payment Can Make Your Life Easier:

It's convenient: saves you time and postage

Your payment is always on time
 (even if you're out of town), eliminating late charges

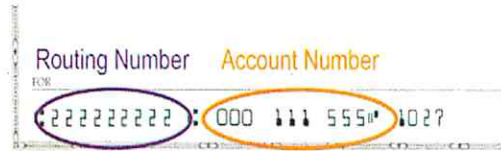
Here's How Recurring Payments Work: You authorize regularly scheduled charges to your checking. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that in addition to your regular bill no prior-notification will be provided.

Please complete the information below:

Service Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type: Checking

Name on Acct _____
 Bank Name _____
 Account Number _____
 Bank Routing # _____



*****PLEASE, ALSO ATTACH A COPY OF A VOIDED CHECK*****

NAME/SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City of El Segundo in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the City of El Segundo may at its discretion attempt to process the charge again within 30 days, and agree to an additional penalty charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

MAIL THIS FORM WITH A VOIDED CHECK TO:
 City Of El Segundo – Water Billing
 350 Main Street El Segundo, CA 90245

OR

EMAIL TO:
h2oinquiries@elsegundo.org