

# City of Long Beach

## Water Department

### Direct Debit Authorization Form

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

Water Dept Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**READ CAREFULLY:** Until further notice, I hereby authorize the City of Long Beach Water Department to **CHARGE** the amount of my monthly water / sewer / garbage bill, including past due amounts and any late charges or fees, to the financial institution and account number specified below. I UNDERSTAND THAT I **MUST** INFORM THE LONG BEACH WATER DEPARTMENT IN **WRITING** OF ANY CHANGES IN FINANCIAL INSTITUTION, ACCOUNT NUMBER, TYPE OF ACCOUNT OR TO STOP MY DIRECT DEBIT. I AM SOLEY RESPONSIBLE TO ASSURE THAT FUNDS ARE AVAILABLE IN THE ACCOUNT SELECTED BELOW AT THE TIME CHARGES ARE DRAFTED FROM MY ACCOUNT. I AM ALSO SOLEY RESPONSIBLE FOR ANY LATE CHARGES OR FEES IF, FOR ANY REASON, FUNDS ARE NOT AVAILABLE OR I FAILED TO NOTIFY THE LONG BEACH WATER DEPARTMENT BY SIGNING A CANCELLATION FORM. \_\_\_\_\_ (Initial)

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

(Do **NOT** sign without reading form)

Date: \_\_\_\_\_

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

Witness: \_\_\_\_\_

(Must be an employee of the Long Beach Water Department)

Date: \_\_\_\_\_

**NOTE: A voided check must be attached to this form (deposit slips cannot be accepted).**

#### FOR OFFICE USE ONLY:

Date Implemented: \_\_\_\_\_

By: \_\_\_\_\_