

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 ASLO 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: _____

Date: _____

(Do NOT sign without reading form)

Printed Name: _____

Witness: _____

Date: _____

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

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

FOR OFFICE USE ONLY:

Date Implemented: _____

By: _____