



**AUTOMATIC UTILITY PAYMENTS AND ELECTRONIC BILLING AUTHORIZATION FORM**

Beginning in July 2013, the Bear Valley Water District (BVWD) began providing both an ACH Payment Plan allowing your quarterly wastewater utility payment to be automatically deducted from your bank account as well as an e-billing service providing the ability to receive your quarterly wastewater invoices via e-mail. These services have been well received by our customers and have greatly reduced the agencies administrative billing time as well as paper usage.

To initiate one or both of these services, please complete the sections below and return this form to the Office Manager at [Judi.Silber@bvwd.ca.gov](mailto:Judi.Silber@bvwd.ca.gov). After receiving your signed authorization, beginning the first quarter after you've initiated this request, we will automatically debit your bank account for the balance due and/or send you your wastewater bill via e-mail. You may sign up for either of these services at any time. Questions ? Contact the Office Manager at 209.753.2112 or [Judi.Silber@bvwd.ca.gov](mailto:Judi.Silber@bvwd.ca.gov).

**AUTHORIZATION AGREEMENT FOR ACH DEBITS**

I (we) hereby authorize Bear Valley Water District, Inc., hereinafter called BVWD, to initiate debit entries to my (our)  Checking  Savings Account (select one) at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. Debits will be made on the 30<sup>th</sup> day of the billing months: July, October, January and April.

\_\_\_\_\_  
 Depository (Bank Name) \_\_\_\_\_  
 Branch

\_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

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

**Account Number:** \_\_\_\_\_

(Please also attach a voided check)

This authorization is to remain in full force and effect until BVWD has received written notice from me (or either of us) of its termination in such time and in such manner as to afford BVWD and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_ BVWD Account Number (Lot Number): BV \_\_\_\_\_

Name(s)

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

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

\*If this is a joint account, ALL signers must give written authorization.

**AUTHORIZATION TO RECEIVE E-BILLS – TURN OFF PAPER BILLING**

I (we) hereby authorize Bear Valley Water District, Inc., hereinafter called BVWD, to initiate electronic billing for my (our) quarterly wastewater service and terminate paper billing until further notice.

\_\_\_\_\_  
 Name \_\_\_\_\_  
 E-mail Address

\_\_\_\_\_  
 Name \_\_\_\_\_  
 E-mail Address