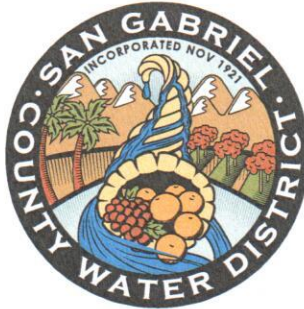


**DIRECTORS**

MARY CAMMARANO, President  
LARRY TAYLOR, Vice President  
SABINO CICI  
ERIC CHAN  
CHARLES DELATORRE

OFFICE  
8366 GRAND AVENUE  
ROSEMEAD, CA 91770

MAILING  
P.O. BOX 2227  
SAN GABRIEL, CA 91778-2227



**SAN GABRIEL  
COUNTY WATER DISTRICT**

**EXECUTIVE OFFICERS**

BARBARA A. CARRERA  
Secretary/General Manager

JAMES P. PRIOR  
Assistant General Manager

CARMEN CORONA  
Treasurer/Finance & Administration Manager

LEMIEUX & O'NEILL  
General Counsel

(626) 287-0341  
FAX (626) 287-8524

WWW.SGCWD.COM

**DISTRICT OFFERS AUTOMATIC BILL PAYMENT**

**Why sign up for Automatic Bill Payment?**

By signing up for our automatic bill payment plan, your bi-monthly water bill will be automatically deducted from the checking account of your choice 14 days after the "date bill mailed" shown on your bill.

**Will I receive a Monthly Statement?**

Yes. Your monthly statement will be mailed to you more than two weeks before the payment is deducted from your account. You will be able to review your bill and notify us if you have any questions. If for any reason there is a dispute, you may contact the District prior to the automatic withdrawal date to resolve the dispute before payment is withdrawn.

**How do I Discontinue Participation in the Program?**

A written request to the District is necessary to terminate your automatic payment.

**How do I sign up?**

Simply complete the form below, sign it, and return it to the District with a blank **VOIDED** check.

**When will my Automatic Bill Payment Begin?**

Please continue to pay your current bill in full with a separate check until "DO NOT PAY" appears on your water bill. All future bills will be automatically deducted from your banking account.

Any uncollected amounts will be charged a \$10.00 Non-sufficient Fund Charge.



**SAN GABRIEL COUNTY WATER DISTRICT**

**AUTHORIZATION AGREEMENT TO AUTOMATIC PAYMENT PROCESSING**

I hereby authorize San Gabriel County Water District and my financial institution to automatically deduct from my checking account indicated below all future payments for my water bills.

I understand that San Gabriel County Water District and my financial institution reserve the right to terminate this authorization and my participation therein. If I choose to terminate this authorization, I will immediately notify San Gabriel County Water District in writing. I understand that authorization will terminate 10 business days after I notify San Gabriel County Water District in writing of my intent to terminate this authorization.

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Customer Information (As it appears on your water bill)**

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Bank Information (Please Print)**

Financial Institution \_\_\_\_\_

Branch \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Bank ACH Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

**VOIDED CHECK MUST BE ATTACHED**