

DIRECTIONS

For E-Z Pay from your credit/debit card, savings account, or checking account, fill out this application form in LEGIBLE PRINT, and sign and date it. For checking accounts, please attach a voided check. Mail the application form and voided check to:

Billing Department
Lake Hemet Municipal Water District
P.O. Box 5039
Hemet, CA 92544

After your application is processed, your LHMWD bills will state the date on which the amount due will be deducted from your bank account. If you have any questions regarding a bill, or feel corrections need to be made, don't worry --- just contact us before the deduction date to resolve any problems before the payment is withdrawn.

INSUFFICIENT FUNDS POLICY: Auto-debit may be discontinued if a customer account has insufficient funds on two separate occasions, and is subject to penalties.

IMPORTANT: Auto-debit service *may take up to two billing periods* to take effect. When service is activated, your bill will indicate: **"DO NOT PAY"**.

E-Z PAY APPLICATION AND AUTO-DEBIT AUTHORIZATION AGREEMENT

AUTHORIZATION: I hereby authorize Lake Hemet Municipal Water District (LHMWD) to deduct funds from my account at the financial institution listed below to pay my LHMWD bills. I understand that I can stop these automatic payments if I notify LHMWD in writing. I also understand that LHMWD may stop participation in this service if necessary.

FINANCIAL INSTITUTION: _____ BANK ACCT. NUMBER: _____

CREDIT CARD NUMBER: _____ EXP. DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

NAME: _____ LHMWD ACCT. NUMBER: _____

SERVICE ADDRESS _____

PLEASE CHECK ONE: CREDIT/DEBIT CARD ACCOUNT SAVINGS ACCOUNT CHECKING ACCOUNT
Please attach VOIDED check