

City of Hemet
Finance Department - Utility Billing
445 E Florida Avenue, Hemet, CA 92543
Fax: (951) 765-2336 | Phone: (951) 765-2350
Email: CS@hemetca.gov

Authorization Agreement for Automatic ACH Payments

To sign up for ACH payments from your savings or checking account, LEGIBLY fill out this application form, sign and date it. **For checking accounts, please attach a voided check.**

Send the application form and voided check

Mail: City of Hemet
Utility Billing Department
445 E. Florida Ave.
Hemet, CA 92543
Fax: 951-765-2336

AUTHORIZATION AGREEMENT:

I hereby authorize the City of Hemet to deduct funds from my account at the financial institution listed below to pay my City of Hemet utility bill. I understand that this authorization will be in effect until I notify the City of Hemet in writing that I no longer desire this service, allowing reasonable time to act on my notification. In addition, I understand that the City of Hemet may stop participation in this service if necessary. I understand that if corrections are necessary, it may involve adjustment (credit or debit) to my account.

INSUFFICIENT FUNDS POLICY: Auto-debit will be discontinued if an account payment is returned and is subject to a returned check fee.

IMPORTANT: Auto-debit service *may take up to two billing periods* to take effect.



FINANCIAL INSTITUTION: _____

BANK ROUTING #: _____ BANK ACCOUNT #: _____

PLEASE CHECK ONE:
 CHECKING ACCOUNT SAVINGS ACCOUNT
(Please attach VOIDED check)

NAME: _____ UTILITY ACCOUNT #: _____

PHONE NUMBER: _____

SERVICE ADDRESS: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

For Office Use Only

Entered by: _____ Date: _____ Audited by: _____ Date: _____