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

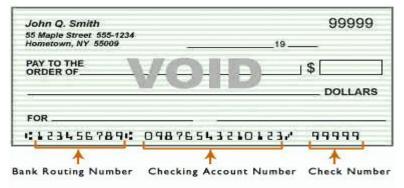
Fax: 951-765-2336

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 (Please attach VOIDED check)	□ SAVINGS ACCOUNT		
NAME:		_ UTILITY ACCOUNT	#:
PHONE NUMBER:		-	
SERVICE ADDRESS:			
AUTHORIZED SIGNATURE:			DATE:

or Office Use Only			
Entered by:	_Date:	Audited by:	_Date: