

CITY OF LONG BEACH WATER DEPARTMENT

FOR OFFICE USE ONLY

DATE IMPLEMENTED: _____

BY: _____

DIRECT DEBIT AUTHORIZATION FORM

Customer Name: _____

Water Dept. Acct. # _____

Street Address: _____

Telephone No. _____

READ CAREFULLY: Until further notice, I hereby authorize the City of Long Beach Water Department to charge the amount of my monthly water/sewer/garbage bill, including past due amounts and any late charges or fees, to the financial institution and account number specified below. I UNDERSTAND THAT I MUST INFORM THE LONG BEACH WATER DEPARTMENT IN WRITING OF ANY CHANGES IN FINANCIAL INSTITUTION, ACCOUNT NUMBER, TYPE OF ACCOUNT, OR TO STOP MY DIRECT DEBIT; THAT I AM SOLELY RESPONSIBLE TO ASSURE THAT FUNDS ARE AVAILABLE IN THE ACCOUNT SELECTED BELOW AT THE TIME CHARGES ARE DRAFTED FROM MY ACCOUNT AND AS SUCH, SOLELY RESPONSIBLE FOR ANY LATE CHARGES OR FEES IF, FOR ANY REASON, FUNDS ARE NOT AVAILABLE OR I FAILED TO NOTIFY THE LONG BEACH WATER DEPARTMENT IN WRITING REGARDING ANY CHANGES TO MY DIRECT DEBIT ACCOUNT OR BANK ACCOUNT _____ (Initial)

Name of Financial Institution: _____

(check one)

Checking Account # _____

Savings Account # _____

Date: _____

Customer Signature (Do not sign without reading form) _____

Printed Name _____

Date: _____

Witness (must be an employee of the Long Beach Water Department) _____

NOTE: A voided check must be attached to this form (deposit slips cannot be accepted)