



Helendale Community Services District

26540 Vista Rd. Suite B.; P.O Box 359 Helendale, CA 92342

AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

To sign up for our Automatic Payment Plan, complete this authorization form and mail or deliver in person to our office with either:

- A voided check from your checking account **or**
- A printout from your bank, showing name, routing number, and account number. Bank statements will not be accepted.

Your payment will be deducted from your checking/savings account on the last business day of the month. You will continue to receive your monthly bill with a message appearing in the amount due section indicating "PAID BY DRAFT". If you do not see this message on your bill, continue to make your payment as usual. It can take up to two (2) billing cycles before the Automatic Payment Plan takes effect. If your ACH payment is returned unpaid, a non-sufficient funds charge will be assessed. If a second ACH payment is returned unpaid within 12 months you will be assessed an additional non-sufficient funds charge, **AND** your Automatic Payment Plan will be cancelled.

If your account is on web draft – I acknowledge my web draft **MUST** be cancelled before being added to ACH. (If your web draft is not cancelled, we will not be able to add you to ACH. We will keep your paperwork for a maximum of 30 days.)

I authorize HCSD to draft \$1.00 on the business day closest to the 15th of the month and will be credited back to my Helendale CSD Account.

NEW SERVICE ONLY

I understand by signing up for ACH to waive my deposit for new service, I can have no NSF or late payments and cannot cancel enrollment for a minimum of 12 months. If any of these conditions are not met, I will be billed a full deposit on my next bill.

Name _____

Service Address _____

Helendale CSD Account Number _____

Phone (____) _____ E-mail _____

Financial Institution Name _____

Select One: ____Checking ____Savings

Routing/Transit Number _____ Account No. _____

ACH/Electronic Payments Routing Number _____ Accessible Online if not on Voided Check.

I authorize the Helendale Community Services District to collect payment of my (our) water/sewer/trash bill by initiating debit entries (deductions) to the bank account shown above. I understand that this authorization will continue until discontinued upon my written request or until the Helendale CSD has cause to cancel it.

Signature _____ Date _____

This payment method is not available for accounts set to "Money Order Only."