APPLICATION FOR AUTOMATIC SEWER PAYMENT

City of Chula Vista | Finance Department
276 Fourth Avenue
Chula Vista, CA 91910
(619) 691-5117/ cvsewer@chulavistaca.gov

Please provide the requested information below. Upon review, you will receive confirmation of enrollment, including an anticipated date of your first deduction, or further instructions. **Please call (619) 691-5117 if you have any questions.**

1. Sewer Account Number:_____ Sewer Account Holder Name: _____

2. Service Address: _____
   Street City State Zip Code

3. Phone Number: _____ Email: _____

4. Financial Institution:_____ Account Type: Checking ☐ Savings ☐

5. Bank Account Holder Name:_____

6. Account Number: _____ Routing Number: _____

There are no additional fees for this service, and your sewer bill will continue to be issued on a bi-monthly basis. Your bill will indicate the date of deduction and total account balance due. ***Please be advised that if you have a payment plan that has defaulted, the entire outstanding sewer balances may be deducted at the next available payment process date.*** *Payments will appear as the 'City of Chula Vista' on your bank statements. Automatic payment cancellations must be requested in writing at least ten (10) days prior to the scheduled deduction date. A $25 fee may be assessed for ACH returns in addition to applicable penalties and interest.*

Please TAPE a printed VOIDED check in this space.

AUTHORIZATION

I, hereby authorize the City of Chula Vista and the financial institution listed on the attached voided check to deduct from my checking account, listed above, payment(s) for the sewer account referenced above. I understand that any outstanding sewer fees due may be deducted from this account. I understand that both the City of Chula Vista and the financial institution reserve the right to terminate this authorization and the participation therin. If I choose to terminate this authorization, I will immediately notify the City of Chula Vista ten (10) days prior to any scheduled deduction.

_____
Name (*Please Print*)

_____
Signature Date