

# Why Autopay?

You can be sure your bill is paid automatically, on time, whether you're at home or out of town. There is no need to write another check!

Autopay is open to all residential and business customers in good standing. There must be no past due amounts and no returned checks within the last 12-month period.

- With autopay, you will continue to receive your monthly itemized bill from BVCSD.
- Ten (10) days after the billing date your checking account will be automatically debited for the amount shown on your bill.
- If you have questions regarding your bill, you may call BVCSD any time
- If you call within ten (10) days of the billing date marked on your bill, you may stop payment of the bill.
- There is no additional charge from BVCSD for Autopay
- You may cancel autopay at any time by calling the BVCSD office

NOTE: Payments may be rejected by your financial institution for non-sufficient funds. If your payment is rejected, BVCSD may charge a processing fee as imposed on returned checks. BVCSD is not responsible for charges applied to your account by your financial institution for non-sufficient funds.

Some financial institutions may charge a transactions fee for electronic fund transfers. Please check with your bank regarding electronic fee policies.

BVCSD may terminate your autopay participation if your financial institution rejects more than one payment in any 12 consecutive months.



Bear Valley Community Services District  
28999 N. Lower Valley Rd.  
Tehachapi, CA 93561  
(661) 821-4428

## AUTOPAY APPLICATION & AGREEMENT

Please attach a voided check or check copy.

\_\_\_\_\_  
BVCSD Account Number

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Financial Institution Name

### AUTHORIZATION

I hereby authorize BVCSD and my financial institution designated above to automatically deduct from the account listed on the attached check all future payments for my utility bills. I understand that both BVCSD and my financial institution reserve the right to terminate the authorization and my participation in this program. If I choose to terminate this authorization, I will immediately notify the BVCSD.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date