



# CITY OF LA VERNE

## AUTO PAY DIRECT DEBIT

### ENROLLMENT FORM

Complete this form and return it with your next payment. Please provide one of the following: (1) a blank check with "VOID" written across the face; (2) a screenshot from your bank showing both the bank account and routing numbers; or (3) a letter from your bank confirming both numbers. You may redact balances and transaction history. Continue making payments until your bill states "Auto Pay."

**CITY OF LA VERNE ACCOUNT NUMBER**

**SERVICE ADDRESS**

**CUSTOMER NAME**

**NAME ON BANK ACCOUNT**

**FINANCIAL INSTITUTION NAME**

**ROUTING NUMBER**

**BANK ACCOUNT NUMBER**

**ACCOUNT TYPE - SELECT ONE**

Checking

Savings

**DAYTIME PHONE NUMBER**

**EMAIL ADDRESS**

**AUTHORIZED ACCOUNT HOLDER SIGNATURE**

**DATE**

#### IMPORTANT PAYMENT TIMING

Your payment will be deducted automatically on the due date shown on your utility bill.

#### AUTO PAY AUTHORIZATION

I authorize the City of La Verne to deduct funds from the account identified above for the total amount due on my water/sewer bill. I understand that the payment will be deducted on the due date shown on my utility bill and that the amount may vary with each bill. I certify that I am authorized to use this bank account. This authorization will remain in effect until the City receives my written cancellation at least 15 days before the next scheduled payment. The City will provide me a copy of this authorization. I understand that the City may terminate my participation in Auto Pay if necessary.

#### ELIGIBILITY

Auto Pay is available to all Municipal Service accounts billed by the City of La Verne that meet the following conditions: the account must be in good standing and not subject to an existing payment arrangement or extension, and the account may have no more than one returned payment within the last 12 months.

#### REJECTED PAYMENTS

Payments may be rejected by your financial institution because of insufficient funds, a closed or unauthorized account, or other reasons. Check with your financial institution regarding possible fees. If a payment is rejected, your utility account will be assessed a return-item fee. The City reserves the right to terminate participation in Auto Pay if more than one payment is rejected within 12 months.

#### CANCEL AUTO PAY

You may cancel your participation at any time by contacting Customer Service at (909) 596-8744. Once cancelled, any amount owed will immediately become due.

#### OTHER CUSTOMER PAYMENT OPTIONS

For your convenience, you may pay by mail, \*online at [www.cityoflaverne.org](http://www.cityoflaverne.org), by \*credit card, or at the night drop box. Payments made after 5:00 p.m. are processed the next business day. Items with a star have a convenience fee.