



Hayward Water System Automatic Payments Authorization Form

Make your bi-monthly Hayward Water System payment automatically and electronically from your checking or savings account. Free yourself of check writing, and avoid late fees. To enroll, follow these easy steps:

1. Complete this form with your Hayward Water System account information, Financial Institution information, and signature.
2. Enclose a blank check (checking account) from the account you would like debited, and mark **VOID**. **For security purposes, please ensure that the name on the check matches the utility account holder's name.**
3. Mail this form and your voided check to the address indicated below, scan and email to hss@hayward-ca.gov, drop it off at the Revenue Division located inside City Hall, or simply return it with your next utility bill payment. Once your form is processed, your next bill will be noted, **"EFT is set-up"**. **Payments are deducted the Friday prior to the Delinquent Date.** Until you see this on your utility bill, EFT IS NOT SET-UP. Continue to make payments as normal until you see this notice.

Hayward Water System (HWS) Customer Information:

Name on HWS Account: _____

HWS Account Number: _____ HWS Customer Number: _____

Service Address: _____

Financial Institution Information:

Name: _____

City: _____ State: _____ Zip: _____ Phone: _____

Routing Number:

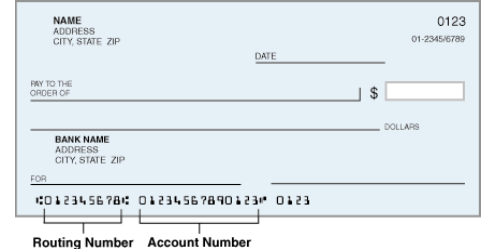
--	--	--	--	--	--	--	--	--	--	--	--

 (Always 9 digits.)

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Note – Please confirm with your banking institution that your account can accept ACH Debits, and that you have provided the correct routing number for ACH transactions.



I hereby authorize the Hayward Water System (hereinafter called HWS) to initiate debit entries to my checking / savings account indicated above at the depository financial institution named above (hereinafter called Depository), and to debit the same to such account. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify HWS in writing of any changes in my account information or termination of this authorization at least 10 business days before the desired changed should take effect. I understand that the electronic debit will be submitted to Depository no less than three business days before the delinquent date on my bi-monthly utility bill, and this date will change with each bill. **Also, it can take up to two billing cycles for automatic payments to be initiated on my account, and I will still be liable for payment on my account.** In the case of an ACH transaction being rejected, a **\$25 fee** will be assessed. I also acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law. By signing below, I represent and warrant that I am legally authorized to access funds from the account specified above.

Signature: _____ Date: _____

*If you prefer paperless bills, provide your email address here:

Questions about this form?
Call (510) 583-4600, or email hss@hayward-ca.gov