



**Hayward Water System
Automatic Payments Authorization Form**

Make your bi-monthly Hayward Water System payment automatically and electronically from your bank 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 voided check. For security purposes, the name on the check must match the name on the water account, otherwise your request may not be processed. A bank document may be submitted in lieu of a voided check; however, the bank document must show your account & routing numbers and the bank account holder's name must match that of the water account.**
3. Mail this form and voided check/bank document to the address indicated below or email hss@hayward-ca.gov. You may also 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, **"Auto-Pay is set up for the Friday prior to the delinquent date."** **Until you see this message on your utility bill, auto pay has not been set up. Please continue to make payments as normal until you see this notice.**

Hayward Water System (HWS) Customer Information:											
Name on HWS Account: _____	Phone Number: _____										
HWS Account Number: _____	HWS Customer Number: _____										
Service Address: _____											
Financial Institution Information:											
Bank Name: _____											
Routing #: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> (Always 9 digits.)											
Account #: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>											
Mark account type: Checking: <input type="checkbox"/> Savings: <input type="checkbox"/> *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. **I also understand that it can take up to two billing cycles for automatic payments to be initiated on my account, and I will be liable for payment on my account until notified that automatic payments have begun.** In the case that an ACH transaction is rejected by the bank, I understand that HWS may, at its discretion, attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each rejection. 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: _____ **Name:** _____ **Date:** _____

Enter your email here to sign-up for paperless billing:

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