LA HABRA HEIGHTS COUNTY WATER DISTRICT

1271 N Hacienda Road, La Habra Heights, CA 90631
(562) 697-6769 FAX (562) 697-5568

CREDIT / DEBIT CARD AUTOMATIC PAYMENTS

How do I sign up for "Auto Pay"?
Complete this form, sign it and return it to La Habra Heights County Water District (LHHCWD).

Is there a charge for the "Auto Pay" process?
There is no charge by LHHCWD to customers who use the "Auto Pay" process. However, some financial institutions may charge for automatic payments. Ask your bank or credit card company about possible fees.

Will I receive a monthly statement?
Your monthly statement will be mailed to you as usual. The statement will indicated "Do Not Pay-Auto Pay" on the remittance stub portion of your water bill.

When will my bill be paid?
Your payment will be charged to your credit/debit card 10 days from the "date bill mailed" shown on your bill.

Can I select the date on which the bill is paid through "Auto Pay"?
No, your billing cycle will remain the same and the pay date will be determined based on your billing cycle.

What if I do not agree with the amount charged on my water bill?
If for any reason you dispute your billing, you may contact LHHCWD within 10 days after "date bill mailed" shown on your bill to resolve the dispute before payment takes place.

What if a payment is rejected?
Payments may be rejected by a financial institution for insufficient funds, closed accounts or other reasons. If your payment is rejected for any reason, LHHCWD will resubmit request for payment the business day before due date. If payment is rejected again the standard $21 returned check and/or a late charge of 7% will be assessed on your next bill. LHHCWD also reserves the right to discontinue your participation in the "Auto Pay" program if your payment is rejected more than twice in a twelve month period. Your financial institution/credit card company may also charge fees for rejected payments. A renewal form will be sent prior to expiration dates of your credit/debit cards.

How do I discontinue participation in the "Auto Pay" program?
In writing, notify LHHCWD at PO Box 628, La Habra, CA 90631 of your desire to cancel your participation in the "Auto Pay" program. Your "Auto Pay" participation will be terminated 10 business days after notification has been received.

Water Account Number: _____

Name: _____

Service Address: _____

Credit card billing:
Street Address: _____

City, State, Zip Code: _____

Phone number: _____

Card Number: | | | | | | | | | | | | | | | | |

Expiration Date: | | | / | | | CSV CODE: | | | |

Card Type (circle one **VISA** or: **MasterCard** and: **Debit** or: **Credit**

I authorize La Habra Heights County Water District and my credit card company and/or my financial institution to automatically charge my credit card account or deduct from my bank account indicated above all future payments for my water bills.

I understand that La Habra Heights County Water District, my financial institution or credit card company reserve the right to terminate this authorization and my participation therein. If I choose to terminate this authorization, I will immediately notify La Habra Heights County Water District. I understand that authorization will terminate 10 business days after I notify La Habra Heights County Water District in writing of my intent to terminate this authorization.

_____ _____
AUTHORIZED SIGNATURE DATE

OFFICE ONLY: Exp date: 3 digit: Int: Date

Card #: | | | | | | | | | | | | | | | | | | | | | | | | |

Card #: | | | | | | | | | | | | | | | | | | | | | | | | |

Card #: | | | | | | | | | | | | | | | | | | | | | | | | |