NIPOMO COMMUNITY SERVICES DISTRICT

148 SOUTH WILSON STREET
POST OFFICE BOX 326 NIPOMO, CA 93444 - 0326
(805) 929-1133 FAX (805) 929-1932
WEB: ncsd.ca.gov E-MAIL: billingclerk@ncsd.ca.gov

Now, you can be sure your bill gets paid automatically, and on time, whether you are at home or out of town.

You *never* have to worry about penalties again.

You *never* need to write another check.

Who may participate?

AutoPay is open to all residential and business customers. Your Nipomo Community Services District account must have no past due amounts on the account and may include no more than one returned check within the last 24-month period.

How does it work?

- ◊ With AutoPay you will continue to receive your bi-monthly itemized bill from Nipomo Community Services District. Your statement will reflect payment made by AutoPay.
- ◊ Twenty-five (25) days after the billing date your checking account will automatically be debited for the amount shown on your bill. (On or about the 5th of the month)
- ◊ If you have questions regarding your bill you may call the District office anytime.
- ◊ 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 Nipomo Community Services District for the AutoPay Plan.*
- ◊ You may cancel AutoPay at anytime by submitting an AutoPay Cancellation Request Form.

It's easy with ***AutoPay***

*Payments may be rejected by your financial institution for non-sufficient funds. If your payment is rejected, Nipomo Community Services District may charge a processing fee as imposed on returned checks. The District is not responsible for fees or 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.

The District may terminate your AutoPay participation if your financial institution rejects more than one payment in any 24-consecutive months.

AutoPay

Application and Agreement

PLEASE ATTACH A VOIDED CHECK OR CHECK COPY

CUSTOMER NAME

SERVICE ADDRESS

NAME OF YOUR FINANCIAL INSTITUTION

HOME PHONE NUMBER

Authorization

I hereby authorize Nipomo Community Services District 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 Nipomo Community Services District 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 District.

PRINT YOUR NAME

YOUR SIGNATURE

DATE

CUSTOMER ACCOUNT & LOCATION NUMBERS

RECEIVED_____ FIRST DRAW_____

PRENOTE _____ _____