

## NIPOMO COMMUNITY SERVICES DISTRICT

148 SOUTH WILSON STREET POST OFFICE BOX 326 NIPOMO, CA 93444 - 0326 (805) 929-1133 FAX (805) 929-1932 Web site address www.ncsd.ca.gov

## **AUTO PAY REQUEST/MODIFICATION FORM**

This is a request to SETUP or MODIFY an agreement between the NIPOMO COMMUNITY SERVICES DISTRICT and the undersigned PROPERTY OWNER/REPRESENTATIVE. One form will be required for each account.

My signature constitutes notice to Nipomo Community Services District to SETUP or MODIFY the Utility Billing Auto Pay Agreement for the property listed below. I understand that this request will take effect immediately, and needs to be submitted prior to the due date.

Name on Account:	
Service Address:	
NCSD Account Number:	
Telephone Number:	
Email Address:	
I would like to:	
□ REQUEST autopay fo	or my account. ed a voided check drawn on the account I would like to use.
	bank account currently on file. ed a voided check drawn on the account I would like to use.
□ <b>CANCEL</b> autopay co	mpletely.
Signature	Date

## **Authorization**

I hereby authorize the Nipomo Community Services District and my financial institution designated above to automatically deduct from my account, 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.

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