# AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

Date _____

Name _____

Address _____

City,State,Zip _____

This form is provided so that you may initiate or change automatic bill payment for your City of Santa Rosa utility bill. Please return this completed form to City of Santa Rosa, Utility Billing, P.O. Box 1658, Santa Rosa, CA 95402. Please *do not* enclose payment with this authorization. Should you have any questions, we can be reached at (707) 543-3150 or email revenue@srcity.org.

**Customer Information**

Name (as shown on bill) _____ Service Address _____

Customer/Account # _____ Phone # _____

I would like to:

Start automatic bill payment. Please choose account payment option you would like to use. **Please Note: Payments will be deducted from your checking account or charged to your Credit/Debit Card on the bill due date.**

☐ Checking Account **(Be sure to include a voided check if you select this option.)**

☐ Credit Card (select one) ☐ Visa ☐ MasterCard ☐ Discover

Card Number: _____ Expiration Date: _____

☐ Change the bank account associated with my current automatic payment.
**(Be sure to include a voided check if you select this option).**

☐ I would like my current automatic payment to be transferred to my new service address and account listed above.
Please provide old service address: _____

**AUTHORIZATION AGREEMENT FOR BANK ACCOUNT TRANSFERS (ACH) AND CREDIT CARD CHARGES**

I (we) authorize the City of Santa Rosa to initiate debit entries to my (our) bank account or credit card account each month for the amount due on my (our) City of Santa Rosa utility bill. I (we) acknowledge that the originator of ACH or credit card transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the City of Santa Rosa has received written notification from me (either of us) of its termination in such time and in such manner as to afford the City of Santa Rosa a reasonable opportunity to act on it.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Website: srcity.org/ub Email: revenue@srcity.org