

4870 HERITAGE ROAD
PASO ROBLES, CA 93446



PHONE: (805) 227-6230
FAX: (805) 227-6231

HERITAGE RANCH COMMUNITY SERVICES DISTRICT AUTOMATIC PAYMENT AUTHORIZATION FORM

Dear HRCSD customer,

The automatic payment program is designed so that the Heritage Ranch Community Services District automatically credits your bill and debits your checking/savings account provided below on the fifteenth (15th) of the month. Should the 15th fall on a weekend, your payment will process the next business day. You will continue to receive a bill, but once Automatic Payment is established on your account, your bill will state **“Do Not Pay – Paid By Draft”**. As long as the funds are available in the bank account, late fees and discontinuance notices will no longer apply to your utility bill account. This program is particularly helpful for people who live out of town or who may be on vacation when bills are generated. To enroll, please complete form and either mail, fax or drop off at District office. Please allow up to one month after enrollment date for activation of the Automatic Payment program. During this time, you should continue to use another form of payment until you see the message printed on your bill.

LAST NAME		FIRST NAME		HRCSD ACCOUNT NUMBER	
ACCOUNT TYPE	ROUTING/ABA NUMBER	BANK ACCOUNT NUMBER	BANK NAME		
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS					
<p><i>I hereby authorize the Heritage Ranch Community Services District to deduct funds from my checking or savings account for the payment of my Heritage Ranch Community Services District utility bill. I understand that if at any time I decide to discontinue this payment service, I will notify Heritage Ranch Community Services District in writing. I also understand that the Heritage Ranch Community Services District can stop my participation in this service if necessary. I understand that should the account not have sufficient funds to cover the deduction there will be an insufficient funds fee charged to my Heritage Ranch Community Services District utility account, as well as any late payment penalties. I understand it is my responsibility to provide the correct account information and/or provide a voided check with this form.</i></p>					
NAME AS IT APPEARS ON HRCSD UTILITY BILL			SERVICE ADDRESS		
CUSTOMER SIGNATURE				DATE	