



Authorization for Direct Payment Automatic Bill Payment

INSTRUCTIONS:

- Attach a voided check to this form. **DO NOT SEND DEPOSIT SLIPS.**
- This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Full Name: _____

Authorized Signature: _____ Date: _____

Authorized Signature: (Optional - For Joint Account) _____

BILLING ADDRESS:

Street _____

City _____

State, Zip Code _____

Telephone _____

SERVICE ADDRESS: (if not the same)

Street _____

City _____

State, Zip Code _____

Telephone _____

Billing Account No. _____

Email (optional) _____

PLEASE NOTE: Because auto-pay requires a routing confirmation from your financial institution, payments will not be processed from your account until your next billing statement. Commercial customers will be processed monthly in arrears. Residential customers will be processed quarterly in advance. Any open invoice should be paid by credit card, check or cash or your 1st autopay charge will include any open invoice plus the invoice for the current billing period. Please notify ACI if you close your bank account or if your information changes.

THERE WILL BE A RETURNED ITEM FEE FOR ANY PAYMENTS REJECTED BY OUR BANK.

Please return form to:

Alameda County Industries
Billing Dept.
2307 Blanding Avenue, Suite B, Alameda, CA 94501

Customer Name (Individual) _____

I (We) authorize Alameda County Industries, Inc. (Company) to initiate variable entries to my (our) account described below:

Checking Account No. _____

Routing Number _____

Financial Institution's Name _____

Financial Institution's Address

Street _____

City _____

State, Zip Code _____