



Authorization for Direct Payment Automatic Bill Payment CVSan

DO YOU HAVE AN ONLINE ACCOUNT? USE YOUR ONLINE ACCOUNT TO ACCESS: Account Information, Request Services, Make Secure Payments and Sign Up for Paperless Billing and Auto Pay. Visit our website and click on the "Login" button in the upper right-hand corner to get started!

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(s): _____

Authorized Signature: _____ Date: _____

Authorized Signature: (Optional – For Joint Account) _____

SERVICE ADDRESS:
 Number/Street _____
 City _____
 State, Zip Code _____
 Telephone _____
 Billing Account No. _____

BILLING ADDRESS (if not the same):
 Number/Street _____
 City _____
 State, Zip Code _____
 Telephone _____
 Email (optional) _____

PLEASE NOTE: Your account will be charged to autopay as of your NEXT invoice. Commercial customers will be charged monthly in arrears. Residential customers will be processed quarterly in advance. **Open invoice(s) should be paid prior to your next invoice or all open invoice(s) will be added to your 1st autopay charge. Please notify ACI if your bank information changes. There will be a returned item fee of for any autopay bank payments rejected by your bank.**

Check this box if you would like to charge your bank account for the balance due on your account. An ACI representative will confirm the amount when processing your application.

Please return form to:

**Alameda County Industries, Billing Dept.
P.O. Box 1878, San Leandro, CA 94577**

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 _____

P.O. Box 1878, San Leandro, CA 94577-0277

510-483-1400 voice • 510-357-8693 fax • billingcv@AlamedaCountyIndustries.com • www.AlamedaCountyIndustries.com