

# **AUTOPAY**

## **APPLICATION AND AGREEMENT**

PLEASE ATTACH A VOIDED CHECK OR CHECK COPY

Now you can be sure your bill gets paid automatically, on time, whether you are at home or out of town. You never need to write another check.

### ***Who may participate?***

**AUTOPAY** is open to all residential and business customers. Your BVCSD account must have no past due amounts on account and may include no returned checks within the last 12-month period.

### ***How does it work?***

- ◇ With **AUTOPAY** you will continue to receive your monthly itemized bill from BVCSD.
- ◇ Ten (10) days after the billing date your checking account will automatically be debited for the amount shown on your bill.
- ◇ If you have questions regarding your bill you may call BVCSD anytime.
- ◇ If you call within ten (10) days of the billing date marked on your bill you may stop payment of the bill.
- ◇ There is no additional charge from BVCSD for **AUTOPAY**.\*
- ◇ You may cancel **AUTOPAY** at anytime by calling the BVCSD office at 821-4428.

### **It's easy with *AUTOPAY***

\*Payments may be rejected by your financial institution for non-sufficient funds. If your payment is rejected, BVCSD may charge a processing fee as imposed on returned checks. BVCSD is not responsible for fees or charges applied to your account by your financial institution for non-sufficient funds.

Some financial institutions may charge a transactions fee for electronic fund transfers. Please check with your bank regarding electronic fee policies.

BVCSD may terminate your **AUTOPAY** participation if your financial institution rejects more than one payment in any 12 consecutive months.

DETACH HERE, ATTACH VOIDED CHECK AND MAIL OR BRING IN TO CSD OFFICE

\_\_\_\_\_  
BVCSD CUSTOMER ACCOUNT NUMBER

\_\_\_\_\_  
CUSTOMER NAME

\_\_\_\_\_  
SERVICE ADDRESS

\_\_\_\_\_  
NAME OF YOUR FINANCIAL INSTITUTION

\_\_\_\_\_  
YOUR DAYTIME PHONE NUMBER

### **AUTHORIZATION**

I hereby authorize BVCSD and my financial institution designated above to automatically deduct from the account listed on the attached check, all future payments for my utility bills. I understand that both BVCSD 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 BVCSD.

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
DATE