AutoPay Enrollment Application

Enjoy the convenience of having your utility bill paid automatically from your bank account—no checks to write and no due dates to remember. To enroll, please complete this application, sign and date it, and return it along with a voided check. Enrollment will begin after your first utility bill has been paid. Please note that enrollment cannot be processed if a bill has already been issued. You will know your enrollment is complete when you receive a utility bill marked "Auto Pay – DO NOT PAY." This confirms that your payment will be automatically drafted from your bank account on the due date shown on your bill, ensuring your account remains current without any additional action on your part.

Name *(Must be as it appears on your bill)*

Phone Number

Utility Service Address

To enroll, the application must be signed and include a voided check. Once completed, please return the application to 303 W. Commonwealth Ave., Fullerton, CA 92832.

E-mail Address

Utility Customer Number
(Starts with a "9")

Utility Account Number(s) to Enroll
(If the account number isn't listed it will not be enrolled)

Financial Institution Name
(Please print)

Bank Account Number
(Must match check)

Paramedic Subscription Program:

To enroll in the Paramedic Subscription Program, please contact the Fire Department at (714) 738-6341 to make payment directly, as this fee is no longer included with your water bill.

Please read the information below carefully before signing:

I hereby authorize the City of Fullerton and the financial institution identified above to automatically deduct from my financial account all future payments for charges on my utility bills. I understand that both the City of Fullerton and my financial institution reserve the right to terminate this authorization and my participation at any time.

If I choose to cancel or modify this authorization, I must notify the City of Fullerton in writing at least 20 days prior to the AutoPay debit date shown on my bill.

By signing below, I acknowledge that I have completed this application in full and understand the enrollment process.

Print Name
(Must match name on check)

Signature

Date

CITY OF FULLERTON USE ONLY
UB Verification of Customer_____ By_____

ACH Enrolled_____ By_____