

Water Resources Division
1212 5th Street Third Floor
Santa Monica, CA 90401
Phone (310) 458-8224
Fax (310) 656-9175



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we) hereby authorize City Of Santa Monica Resources Division, to initiate debit entries to my (our) Checking Account / Savings Account (circle one) indicated at the financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of direct payments transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until City Of Santa Monica Resources Division has received written notification from me (or either of us) of its termination in such time and in such manner as to afford City Of Santa Monica Resources Division and my financial institution a reasonable opportunity to act on it.

Print Name (s) _____

Phone # _____

Santa Monica Water Account No. _____

Service Address _____

Date _____

Signature (s) _____

Note: Please provide a voided check (no deposit slip) with this application. Your checking/savings account will be debited approximately ten days before your due date.