



Dublin San Ramon Services District 7051 Dublin Blvd Dublin CA 94568

www.dsrds.com

AUTOMATIC PAYMENT AUTHORIZATION

form

Fill out this form, attach/enclose a **voided check**, from the account which you intend to draw funds.

Mail the authorization form to: **AutoPay**
Dublin San Ramon Services District
P.O. Box CC
Dublin, CA 94568 - 3018

CUSTOMER INFORMATION

Customer Name (as it appears on water bill) _____

Service Address _____

City _____ Zip _____

DSRSD Account Number _____

Work Phone _____

Home Phone _____

Email _____

CHECKING/SAVINGS ACCOUNT INFORMATION

Account Type: Checking Savings

Financial Institution _____

ABA Number (bank routing number) _____

Account Number _____

I authorize Dublin San Ramon Services District and the financial institution designated in this application to withdraw from my checking/savings account payment for my water/wastewater services.

I understand that both the financial institution and Dublin San Ramon Services District reserve the right to terminate my participation. I also understand that at any time, I may elect to discontinue my enrollment by providing written notice.

Remember to enclose a voided check

(Authorization signature - must match name on the check)

Date