



AutoPay Enrollment Application

Have your Utility bill paid automatically through your bank account. Simply complete this application and ensure you sign and date at the bottom and simply return with a voided check to begin the enrollment process. Please know that you will not be enrolled prior to paying your first Utility bill and your enrollment will not be completed if a bill has already been mailed out. The confirmation that your enrollment has been completed is your bill that states, "Auto Pay- DO NOT PAY." That statement assures you that you will not have to worry about missing a due date as the payment will be drafted on the due date noted on the bill.

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

Phone Number

Utility Service Address

E-mail Address

Application must be signed and include a voided check in order to be enrolled. Once completed please return to 303 W. Commonwealth Ave., Fullerton, CA 92832

Utility Customer Number

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: YES NO

If you would like to subscribe or continue to be enrolled in the City's paramedic program, please check the appropriate box above. The default answer is "YES" if an option is not selected. Your financial account will be automatically debited once annually during the enrollment period. For further information about this program please visit our website at www.ci.fullerton.ca.us and visit the Fire Department page or call 714)738-6341

Donation Program: If you are a regular contributor to any of the City's community programs listed below or would like to become one, please indicate a dollar amount for the event(s) to which you would like funds donated. Your financial account will be debited once annually (for each event) based on the schedule below. Your donation is tax deductible to the maximum extent permitted by the Internal Revenue Code.

Donation Type	Debited Once During	\$5	\$10	\$20	\$50	Other Amount
Library	January/February					
Concerts in the Park	March/ April					
July 4th Celebration	July/ August					
Fullerton Downtown Market	September/ October					
First Night in Fullerton	November/ December					

I hereby authorize the City of Fullerton and the financial institution I have indicated to automatically deduct from financial account all future payments for the 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 therein. If I choose to terminate or change this authorization form I must notify the City of Fullerton in writing at least 20 days before the AutoPay debit date on my bill. By signing I acknowledge that I have completed the application in its entirety and understand that if no selection was made for the paramedic subscription I will be\continue to be enrolled.

Print Name *(Must match name on check)*

Signature

Date

INTERNAL USE ONLY

CIS Verification of Customer _____ By _____ ACH/Donation(s) Enrolled _____ By _____