

# LHMWD E-Z PAY DIRECTIONS

For E-Z Pay from your credit/debit card, savings account, or checking account, fill out this application form in LEGIBLE PRINT, and sign and date it. For checking accounts, please attach a voided check. Mail the application form and voided check to:

**Billing Department**  
**Lake Hemet Municipal Water District**  
**P.O. Box 5039**  
**Hemet, CA 92544**


After your application is processed, your LHMWD bills will state the date on which the amount due will be deducted from your bank account. If you have any questions regarding a bill, or feel corrections need to be made, don't worry --- just contact us before the deduction date to resolve any problems before the payment is withdrawn.

**INSUFFICIENT FUNDS POLICY:** Auto-debit may be discontinued if a customer account has insufficient funds on two separate occasions, and is subject to penalties.

**IMPORTANT:** Auto-debit service *may take up to two billing periods* to take effect. When service is activated, your bill will indicate: **"DO NOT PAY"**.

## E-Z PAY APPLICATION AND AUTO-DEBIT AUTHORIZATION AGREEMENT

**AUTHORIZATION:** I hereby authorize Lake Hemet Municipal Water District (LHMWD) to deduct funds from my account at the financial institution listed below to pay my LHMWD bills. I understand that I can stop these automatic payments if I notify LHMWD in writing. I also understand that LHMWD may stop participation in this service if necessary.

|                         |           |                     |   |
|-------------------------|-----------|---------------------|---|
| FINANCIAL INSTITUTION:  | _____     | BANK ACCT. NUMBER:  | _____   |
| CREDIT CARD EXPIRATION: | ____/____ |                     |  |
| AUTHORIZED SIGNATURE:   | _____     | DATE:               | _____   |
| NAME:                   | _____     | LHMWD ACCT. NUMBER: | ____ - ____ - ____  |
| PHONE NUMBER:           | _____     |                     |   |
| SERVICE ADDRESS:        | _____     |                     |   |

**PLEASE CHECK ONE:**

CREDIT/DEBIT CARD ACCOUNT  
(Visa or MasterCard Only)

SAVINGS ACCOUNT

CHECKING ACCOUNT  
(Please attach VOIDED check)

