



G.C.S.D Services – 209/ 962-7161
Fax – 209/ 962-4943
Fire Department – 209/ 962-7891
www.gcsd.org

water . fire protection . parks . wastewater collection & treatment
18966 Ferretti Road P.O. Box 350 Groveland, CA 95321-0350

Automatic Bill Pay

How Automatic Bill Payment Works

An automatic debit from a personal bank account can come from either a checking or savings account. The Customer Information and Bank Information sections of this form must be filled out completely. You must attach a copy of a voided check connected to the desired account to be debited. The account designated for payment will automatically be debited on the 20th of every month.

Automatic Debit Authorization

I hereby authorize the Groveland Community Services District and the financial institution designated herein, to initiate automatic deductions by direct debit in the amount of my monthly bill (which may fluctuate from month to month) from the account I have chosen indicated below, in payment of my utility bill. I understand the automatic withdrawal of the amount billed will be debited (withdrawn) on the 20th of every month. I also authorize Groveland Community Services District to initiate any reversing entries for any billings that may have been issued in error.

I hereby agree to have such funds available on said due date as specified in this agreement. This authority will remain in effect until Groveland Community Services District has received written notification at least ten (10) days prior to the next scheduled billing date.

Authorized Signature

Date

Automatic Bill Pay

Customer Information

Customer Name (as it appears on bill)	
GCSD Account Number	
Service Address	
City, State, Zip	
Mailing Address (if different)	
City, State, Zip	
Daytime Phone Number (Required)	

Bank Information

Financial Institution Name	
Financial Institution Address	
City, State, Zip	
Financial Institution Phone Number	
Bank Transit Routing Number (ABA)	
Account Type (Checking / Savings)	
Account Number	

For District Use Only

Customer Account #:
Date Information Entered:
Signature of District Employee: