



San Juan Water District

P.O. Box 2157 • Granite Bay, California 95746 • 916.791.0115
9935 Auburn Folsom Road • Granite Bay, California 95746
Fax: 916.791.7361 • www.sjwd.org

SJWD Account Number

Service Address

Rates as of 1/01/10:	Base Rate:	\$1.13 per day
	Consumptive Rate:	\$0.43 0-20 units
		\$0.73 21-200 units
		\$0.51 201+ units

I hereby authorize San Juan Water District to automatically charge the amount of my water bill to my credit card or ATM Card each billing cycle. I understand that I may stop automatic charges to my credit card or ATM by notifying San Juan Water District in writing. I further understand that if two charges are denied by the card provider within a twelve-month period, my participation in the program may be automatically cancelled.

By authorizing San Juan Water District to automatically charge the amount of my water bill to my credit card or ATM card, I acknowledge that payment of my service bill remains my responsibility. I agree and understand that San Juan Water District cannot be responsible for any failures of my card provider to charge my credit card or debit my bank account, failure of mine to remain within my credit limit or maintain sufficient funds in the paying account, or for any failures of charge or debit transactions due to problems arising from any problems in the transaction process.

It is San Juan Water District's policy to protect the integrity of its customer's financial information and records at all times. By completing the information and signing below and authorizing the San Juan Water District to automatically charge my credit card or ATM card each billing cycle, however, I agree and understand that San Juan Water District has no control over the transaction process and, therefore, cannot guarantee the security of my financial information.

_____ **Please initial if you would like us to charge any current account balance to this credit card.**

(Please complete all information below)

- Credit Card
- ATM Card



This authorization shall be valid until expiration of my credit card or until cancelled by me in writing.

Card Account Number

Cardholder Name (Please print)

Card Expiration Date

Cardholder Signature

Card Billing Address (including zip code) if different from service address

Date

Telephone Numbers:

Home: _____

Work: _____

Email: _____

Cell: _____

**Please continue to pay your water bill until you receive a bill showing:
PAYMENT OF (AMOUNT) WILL BE CHARGED TO YOUR CREDIT/ATM CARD ON (DATE).**

PLEASE MAIL THE ORIGINAL SIGNED AUTHORIZATION TO OUR OFFICE