



\_\_\_\_\_  
SJWD Account Number

\_\_\_\_\_  
Equalized Payment Plan Amount  
(Provided by District)

\_\_\_\_\_  
Service Address

I hereby authorize San Juan Water District to establish an Equalized Payment Plan (EPP) for my account based on my average water use for the past 12 months at my service address. I understand that my EPP amount will be reconciled on an annual basis (in May or June each year, depending on my billing month) and the amount of my equalized payment will be adjusted for the following year, if necessary. I further understand that it is my responsibility to pay any balance owing when the District reconciles my account. If my account has a credit balance when reconciled, the District, in its sole discretion, may either apply the credit balance to the following year's equalized payment plan amount or refund the credit to me. To avoid any excessive overpayment or underpayment, the District may adjust my EPP amount as necessary during the year.

**I select the following option for payment of my equalized payment plan bi-monthly bill:**

- I will be responsible for payment of my water bill by the due date on the bill.
- My credit card authorization for recurring payments is already on file at SJWD\*. Automatically charge my equalized payment plan amount to my credit card each billing cycle on the due date.
- My EFT authorization for recurring payments is already on file at SJWD\*. Automatically debit my bank account for the equalized payment plan amount each billing cycle on the due date.

\* Effective October 20, 2011, customers can establish new recurring payment authorizations by credit card or check through our website at sjwd.org. Click on **VIEW & PAY BILL** and follow the easy steps for Payment Plan. If you do not have internet access and wish to enroll in recurring payments, please call us at 916-791-0115.

I agree to the Equalized Payment Plan amount quoted above and future adjustments to the equalized payment amount, as periodically reviewed by the District. I understand that I may cancel or change my equalized payment plan by giving San Juan Water District 30 days written notice. If I cancel my EPP, I will be responsible for paying any balance owing on my account with my next billing.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Telephone Numbers: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_