

Sign me up for City of Brea's AutoPay Program!

Yes, I want to sign up for AutoPay!

Enclosed are: 1. Voided Check 2. Completed Application and Agreement

Name *(please print name as it appears on your City of Brea bill)*

Service Address *(please print)*

City State Zip

Telephone Number *(Daytime)*

The City of Brea Account # *(as it appears on your bill)*

Financial Institution *(please print)*

Routing and Transit Number, plus Checking Account Number
(all the numbers at the bottom of your check)

I hereby authorize the City of Brea and the financial institution I've indicated to automatically deduct from my checking account all future payments for my water utility bills. I understand that both the City of Brea and my financial institution reserve the right to terminate this authorization and my participation therein. If I choose to terminate this authorization I will immediately notify the City of Brea.

Print Name

Signature & Date *(Must match name on check)*