

Print and mail an application

Information about you:

First Name _____ MI _____ Last Name _____

Service Address _____
Number Street Apt

Mailing Address _____
(If different from Service Address) Number Street Apt

City _____ State _____ Zip _____

Daytime Telephone _____

Utility Billing Account Number:

5 0 0 0 [] [] [] [] [] []

(Located in the top corner of your bill. Begins with a 5.)

- Please read the authorization statement below.
 To begin Electronic Funds Transfer:
1. Sign on the Signature line at bottom of the form.
 2. Fill in today's date.
 3. Enclose a blank check marked "VOID".
DO NOT ENCLOSE PAYMENT.
 4. Please circle either checking or savings.

Mail completed form to:

COUNTY OF SACRAMENTO
 Consolidated Utilities Billing & Service
 9700 Goethe Road, Suite C
 Sacramento, CA 95827-3500

I authorize Sacramento County to instruct my bank/savings & loan/credit union to deduct my payments from the checking or savings account listed on the enclosed, voided check.
 I understand I control my payments, and if at any time I decide to discontinue this payment service, I will notify Consolidated Utilities Billing & Service at (916) 875-5555 or by way of e-mail at utilities@saccounty.net.
 I also understand that Sacramento County or my financial institution can stop my participation in this service if necessary. I require no additional notices prior to action being taken on this authorization.

Signature _____ Date _____ Checking/Savings
(circle one)

Bank Routing number (9 digits) _____ Checking or Savings Account Number _____

Attach Voided Check Here (please use cellophane tape).

