



City of Oceanside Automatic Payment Application Form

Utilities Account #	#:
(Custome	ers with multiple accounts will be required to enroll all accounts)
Name:	
	(As it appears on your Utility Account)
checking account incand return with this	hereby authorizes the City of Oceanside to initiate debit entries to the dicated below. Attach a preprinted check with VOID written across it is application. Payments made under this program will be considered by and therefore processed according to policies and ordinances governing check.
Name of Bank:	
City/State:	Branch:
	123456789 001234567891
Routing Number:	9 digit number located at the bottom left hand corner of your check)
Account Number:	(12 digit number directly following the routing number)
the agreement. Your days after the billing adjustment will be maditems may be removed Dollars.	Infective until the City of Oceanside has received written notification to terminate bank account will be charged the full amount of your bill approximately 20 ag date. Should you wish to dispute a bill, you must pay the bill and an ide if the bill is determined to be incorrect. Customers with two or more returned and from the Automatic Payment Program. All payments must be made in U.S.
Signature:	
Date:	Email Address:
Home Telephone:	Work Telephone:
	Do Not Write Below this Line
Entered by:	Date: Financial information is exempted from the Freedom of Information Act unless otherwise specified by court order.