

Coachella Water Authority

City of Coachella

53462 Enterprise Way / Coachella, Ca 92236 Tel: 760-389-2702 / Utilities@coachella.org

ACH Enrollment

Coachella Water Authority encourages all utility customers to enroll in our automatic payment option. Put your mind at ease knowing your utility bill will be paid on your due date every month. Activation of Auto Pay may take up to four weeks. Please call us at (760)-398-2702 if you have any questions.

Please fill out the Automatic Payment Agreement below, sign and include an original check from the account you would like us to withdraw the funds from. Be sure to write "VOID" across the check.

Account Information	51755K.	
Name on Account:	Customer Number:	
Service Address Street:		Apt. #:
		7
Phone Number:		
Email:		
Financial Information		
Name of Financial Institution:	Fin	ancial Institution Address:
Routing Number:	Account Number:	
Accou	nt Type: ☐ Checking ☐ Saving	IS
	,,	
I hereby authorize Coachella Water Authority (monthly sanitary/water bill. CWA is authorized	CWA) to deduct funds from my account at the fina to initiate a direct debit for total amount due. Any	ancial institution listed to pay my account with non-sufficient funds at
the time of posting will be charged a return fee.	I understand this authorization is to remain in full ours in advance of the next scheduled payment. I	I force until CWA has received
Signature		Date
		Date

ACH Cancellation

If you wish to cancel your existing automatic payment option. Please fill out the form below.

	t Information:		
Name on Utility Account:	Customer Number:		
Service Address Street:		Apt. #:	
Phone Number:			
Email:			
Lauthorize Coachella Water Authority to ca	ncel my Automatic Payment Option I fur	ther agree to	
I authorize Coachella Water Authority to cancel my Automatic Payment Option. I further agree to abide by the regulations of Coachella Water Authority. I understand that all utility bills are due by			
the set date on my monthly billing statement			
the set date on my monthly billing stateme	ent, regardiess of whether i receive a bill	III uit IIIaii.	
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Signatura	Date		
Signature	Date		
OFFICE USE ONLY:			
Effective Date:			
Notes:			
Initials: Date Undated	d:		