SAN GABRIEL VALLEY WATER COMPANY
11142 GARVEY AVENUE
EL MONTE, CALIFORNIA 91733

Original — Cal. P.U.C. Sheet No. 1635-W
Cancelling _____ — Cal. P.U.C. Sheet No. _____

Form No. 15A

SAN GABRIEL VALLEY WATER COMPANY • AUTOPAY APPLICATION AND AUTHORIZATION

I WANT TO SIGN UP FOR AUTOPAY FROM MY:
☐ Checking account ☐ Savings account

Name on Water Account (as it appears on bill)

Service Address

Account Number
☐ - ☐ - ☐☐☐ - ☐☐☐☐ - ☐ - ☐

Daytime Phone Number

Mailing Address (if different from service address)

Financial Institution (name and address)

Bank Routing Transit Number
⑆ ☐☐☐☐☐☐☐☐☐ ⑆

Bank Account Number

SUBMIT COMPLETED FORM TO:
San Gabriel Valley Water Company
PO Box 6010
El Monte, CA 91734-2010

INCLUDE:
1. **Voided check** if checking account or Deposit Slip if savings account.
2. Completed and signed application.

I hereby authorize San Gabriel Valley Water Company ("San Gabriel") to instruct my financial institution to charge my bank account for payment of my monthly water bill. I understand that both my financial institution and San Gabriel reserve the right to terminate this payment plan and/or my participation in the plan at any time, and/or impose applicable fees for rejected payments. I may discontinue my participation in the plan at any time by notifying San Gabriel.

Name on Bank Account

Signature

Date

INSTRUCTIONS FOR COMPLETING AUTOPAY APPLICATION AND AUTHORIZATION

- Complete, Sign and date the application.
- Attach an original **voided check** or savings account deposit slip for the account from which funds will be deducted for Autopay to the completed application.
- Mail the signed application and attachment to:

San Gabriel Valley Water Company
PO Box 6010
El Monte, CA 91734-2010

NAME ON WATER ACCOUNT: The name that appears on your monthly water bill.

(To be inserted by utility)
Advice Letter No. 329
Decision No. _____

Issued by
M. L. Whitehead
NAME
President
TITLE

(To be inserted by Cal. P.U.C.)
Date Filed JUL 21 2004
Effective AUG 20 2004
Resolution No. _____