



EasyPay Authorization Agreement

I authorize the Contra Costa Water District to debit funds from the checking account listed below to pay water bills. I understand these automatic payments may be cancelled if I notify CCWD in writing.

Name of bank, savings and loan, or credit union

Your name as shown on Financial institution records

Daytime phone

Address where you receive CCWD water service (Street, City, Zip Code)

Name as it appears on CCWD's water account

CCWD water account number

Your signature as shown on financial institution records

Today's date

Please attach an original check on which you've written "VOID" or a photocopy of a check from your checking account. Return it, along with this form, in your next payment or mail it to CCWD, Customer Service, P.O. Box H2O, Concord, CA 94524 **Deposit slips cannot be accepted.**