

Now, you can be sure your bill gets paid automatically, on time,  
whether you are at home or out of town.

Never worry about penalties again.

Never write another check.

### *Who may participate?*

EZPay is open to all residential and business customers. Your Camrosa account must have no past due amounts and may include no more than one returned check within the last 12 month period.

### *How does it work?*

💧 With EZPay, you will continue to receive your monthly itemized bill from Camrosa.

💧 Twelve (12) days after the billing date, your checking account will automatically be debited the amount shown on your bill.

💧 There is no additional charge from Camrosa for the EZPay Plan.\*

💧 If you have questions regarding your bill, you may call Camrosa anytime.

💧 If you call within ten (10) days of the billing date marked on your bill, you may stop the EZPay payment.

💧 You may cancel EZPay at anytime by calling our Customer Service Representatives at 388-0226.

*It's easy with* 

\*Payments may be rejected by your financial institution for non-sufficient funds. If your payment is rejected, Camrosa may charge a processing fee, as imposed on returned checks. Camrosa is not responsible for fees or charges applied to your account by your financial institution for non-sufficient funds.

Some financial institutions may charge a transaction fee for electronic fund transfers. Please check with your bank regarding electronic fee policies. Camrosa may terminate your EZPay participation if your financial institution rejects more than one payment in any 12 month period.

## Application and Agreement



**PLEASE ATTACH A VOIDED CHECK  
OR CHECK COPY**

CAMROSA CUSTOMER ACCOUNT NUMBER

CUSTOMER NAME

SERVICE ADDRESS

EMAIL ADDRESS

NAME OF FINANCIAL INSTITUTION

DAYTIME PHONE NUMBER

HOME PHONE NUMBER

DETACH AT PERFORATION

### **Authorization**

I hereby authorize Camrosa and the financial institution designated above to automatically deduct (from the account listed on the attached check) all future payments for my utility bills. I understand that both Camrosa and my financial institution reserve the right to terminate the authorization and my participation in this program. If I choose to terminate this authorization, I will immediately notify Camrosa.

PRINT YOUR NAME

YOUR SIGNATURE

DATE