C O R O N A
DEPARTMENT OF WATER & POWER

AUTOMATIC BILL PAY PROGRAM INFORMATION AND ENROLLMENT

Who is eligible to participate in Automatic Bill Pay?
The Automatic Bill Pay program is open to all customers of the Corona Department of Water & Power (CDWP).

What does it cost to be part of Automatic Bill Pay?
There is no charge at this time from the CDWP to participate. However, some financial institutions may charge a fee for electronic fund transfers. Ask your bank regarding any possible fees.

How does Automatic Bill Pay Work?
Automatic Bill Pay allows customers to have their bill paid automatically from their checking or credit card account. The process to enroll is simple:

1. Complete the form below.
2. Sign and date the form.
3. Attach a voided check to the form if choosing to pay by checking account. Sorry, temporary checks will not be accepted.
4. Return the form to the CDWP at:

Corona Department of Water & Power
P.O. Box 950
Corona, CA 92878-0950

Should I still pay my current bill?
Yes, please pay your current bill. After you have been successfully enrolled, your bill statement will show "DO NOT PAY— Your payment will be drawn from your account of record per your Automatic Bill Pay Agreement."

What types of credit cards can be used?
Currently the CDWP accepts MasterCard, Visa and Discover Card. If choosing this option, please make sure that you keep your credit card information updated. Approximately one month before your card expires the CDWP will send you a letter and a new Automatic Bill Pay Enrollment Form. This form must be filled out and sent back prior to your credit card expiration date.

What happens in the event of a rejected payment?
Payments may be rejected by your financial institution due to insufficient funds, closed/unauthorized accounts or other reasons. If your payment is rejected for any reason, the CDWP will charge a processing fee. This fee plus your bill amount must be received prior to the shut off date in cash, cashier's check or money order. All delinquent charges and/or penalties will apply. Check with your financial institution for possible fees it may impose. The CDWP reserves the right to terminate your participation in Automatic Bill Pay if your payment is rejected.

How do I cancel Automatic Bill Pay?
You may cancel at any time by notifying the CDWP in writing. Please allow 10 working days for termination to become effective.

After I'm enrolled, how do I change information on my Automatic Bill Pay form?
Simply notify the CDWP in writing of any changes (bank account information, address, new credit card information and expiration dates). The CDWP will not be responsible for losses which result from inaccurate information or failure to provide us with timely notification of changes.

Questions?
For other questions regarding Automatic Bill Pay, please contact Utility Billing at (951) 736-2321. Business hours are Monday through Thursday, from 7:30 a.m. to 5:30 p.m.

(Please cut here)

AUTOMATIC BILL PAY ENROLLMENT FORM
(Please Print)

Name (*As it appears on your utility bill)		Customer Number	I hereby authorize the City of Corona and the financial institution indicated to automatically debit/charge my:
			☐ Checking ** ☐ Credit Card
Service Address		Account Number	for all future payments for my City of Corona utility bills. I understand that both the City of Corona and my financial institution reserve the right to terminate this authorization and my participation therein. The City of Corona will charge a processing fee for any rejected payment. If I choose to terminate this authorization, I will immediately notify the City of Corona in writing.
Home Telephone Number ( )	E-mail Address		
Financial Institution Name			
Credit Card Number		Expiration Date /	Signature _____ Date _____

*Please note: The name and mailing address on the utility billing account must match the checking or credit card account.

**If using a checking account, please attach a voided check. Temporary checks are not accepted.

For Office Use Only
Received By / Date _____ / _____
Entered By / Date _____ / _____
Audited By / Date _____ / _____