

Automated Bill Pay Authorization Form

1. Fill out the application.
2. Attach a blank, voided check from the account you wish to have money deducted. Be sure to write "VOID" across the face of the check.
3. Include the application and voided check with your next TID payment, or mail it separately to:
Turlock Irrigation District
P.O. Box 949
Turlock, CA 95381-0949

Automated Bill Pay Authorization

I authorize TID to automatically debit the account listed below. The authorization will remain in effect until TID or I have canceled it in writing. Please attach this portion of the agreement to a check on which you've written "VOID" and return both with your TID bill payment or by mail.

Date: Checking Account Savings Account

Financial Institution

Financial Institution's Address

City, State, Zip

Checking or Savings Account Number

Your Name (Please Print)

Your Address

Daytime Telephone Number

Name on TID Account

Social Security Number

TID Account Number

Your Signature