

City of Loma Linda

25541 Barton Road, Loma Linda, California 92354-3160 • (909) 799-2800 • FAX (909) 799-2890

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Sign me up for City of Loma Linda's AutoPay Program! Application Agreement

lame (please print name as it appears on your City of Loma Linda bill)
Service Address (please print)
City State Zip
elephone number <i>(daytime)</i>
our City of Loma Linda 9-Digit Account # (as it appears on your bill)
-mail address (to receive notification of billing)
inancial Institution (please print)
Routing and transit number, plus checking account number all the numbers at the bottom of your check)
hereby authorize the City of Loma Linda and the financial institution we indicated to automatically deduct from my checking account all ature payments for my City utility bills. I understand that both the city of Loma Linda and my financial institution reserve the right to erminate this authorization and my participation therein. If I choose to erminate this authorization I will immediately notify the City of oma Linda.
rint Name
ignature & Date (Must match name on check)
Please mail: 1. Voided check & 2. Completed Application Agreement your application will not be processed without all required documents) 5541 Barton Rd, Loma Linda, CA 92354

Attn: Finance Department, Utility Services