

Apply for *EasyPay* *Save Time and Money*

Now you can pay your Marin Municipal Water District bills the easy way – with ***EasyPay***.

- No more checks to write...*makes record keeping easy.*
- No stamps or trips to the post office...*saves on postage.*
- No late fees...*minimizes overdraft charges.*

Here's How It Works

When you enroll in ***EasyPay***, your financial institution will deduct funds from your checking account to pay your MMWD bills. Your bill will be paid for you on time and automatically. You won't have to worry about missing a payment if you are away on a business trip or vacation. You'll continue to receive your bimonthly statement, and you'll have seven to ten days to review it before your bank deducts the amount due from your account. If you feel there is a problem with your bill, call our Customer Service Department at 415-945-1400. You can notify us at any time (in writing) if you wish to discontinue ***EasyPay***.

It's Easy to Start *EasyPay*

1. Simply complete the form and return it with your next MMWD payment.
2. Enclose an original check marked "void" or a photocopy of a check from the checking account you wish to have debited.
3. Your next bill will show "No Payment Due" and the date your account will be debited. Your financial institution will show the appropriate debit on your monthly statement.

Why wait?

Enclose this form with your next water bill payment or bring it to the MMWD office at 220 Nellen Avenue in Corte Madera. Our office hours are 8 a.m. to 4:30 p.m. weekdays.

EasyPay Authorization Agreement

I hereby authorize MMWD to debit funds from my checking account listed below to pay MMWD bills. I understand that these automatic payments may be canceled if I notify MMWD in writing.

Name of your bank, savings and loan, or credit union: _____

Your name: _____
(as it appears on financial institution records)

Address where you receive MMWD service:

(street, city, ZIP code)

Daytime phone: _____

Your name: _____
(as it appears on MMWD account)

MMWD customer number: _____

Your signature: _____ Today's date: _____
(as it appears on financial institution records)

Please attach an original check on which you've written "void" or a photocopy of a paid check from your checking account and return it along with this form with your next payment. ***Deposit slips cannot be accepted.***