

Auto Pay Application



What is Auto Pay?

Auto Pay is a City of Big Bear Lake, Department of Water (DWP) service that allows you to pay your water bill with an automatic withdrawal from your checking or savings account.

How much does Auto Pay cost?

There is no charge from the DWP to have your water bill paid automatically from your checking or savings account. Please check with your bank regarding its fee policy for ACH transactions. Payments rejected by your bank will incur a DWP fee.

How will I know how much is being deducted from my bank account?

You will continue to receive your bill showing the amount due along with the due date. Your bank account will be debited on the due date.

What if I have a question about my bill?

If you have any questions regarding your bill, please contact the DWP for assistance:

Phone: (909) 866-5050

Email: DWPCustomerService@bbldwp.com

Website: www.bbldwp.com

How do I sign up for Auto Pay?

**YOU MUST HAVE A
ZERO BALANCE ON YOUR ACCOUNT.**

Fill out and sign this application and return it with a copy (or photo) of voided check to

City of Big Bear Lake

Department of Water

P. O. Box 1929

Big Bear Lake, CA 92315-1929

Fax: (909) 866-3184

Email: DWPCustomerService@BBLDWP.com

How will I know when Auto Pay takes effect?

You will see "PAID BY DRAFT" imprinted on your water bill. We cannot enroll you unless you have a zero balance.

NOTE: Pre-scheduled Credit/Debit Card payments may be set up using your online account portal. Keep in mind that if your card information changes, the payment may not be processed.

AUTO PAY APPLICATION & AGREEMENT

Customer Name (same as on your water bill)

Service Address

Daytime Phone Number(s)

DWP Account Number (9 digits)

Bank or Financial Institution

I authorize the DWP to charge the account identified, by providing a voided check for payment of my water bill. I understand that:

- This authorization will remain in effect until the DWP receives written notification of termination.
- The DWP will charge a fee if a payment request is returned.
- The DWP may discontinue my participation in this service at its discretion.

X _____
Customer Signature (Required)

_____ Date

eBILL

If you want to receive a copy of your bill by email, rather than by postal mail, please provide your **email address:**

DWP USE ONLY

Date Pre-Noted: _____

Cycle: _____

By: _____

This institution is an equal opportunity provider and employer.