



CITY OF STOCKTON • UTILITY BILLING
 PO BOX 1571 • STOCKTON, CA • 95201
 P (209) 937-8295 • Fax (209) 937-8051
 EMAIL • utilities@stocktonca.gov
 HOURS • 8:00 AM – 5:00 PM
 MON – THU AND EVERY OTHER FRI

REQUEST TO ESTABLISH, CANCEL OR CHANGE AUTOMATIC BILL PAYMENT

Date: _____ Account Number: _____

Service Address: _____

Customer Name: _____

Phone Number: _____

- Requests to establish, cancel or change Automatic Payments will only be accepted from a customer named on the Utility Account and may take up to 2 billing cycles to be effective.
- Requests to cancel must be received at least thirty (30) days before the next scheduled payment date to prevent processing of that payment. *(Additional fees may apply if request to stop is not received a minimum 30 days before the next scheduled payment date and City of Stockton is unable to debit current account on file.)*

I wish to **authorize** City of Stockton to instruct my banking institution to make payments from the account listed below. I understand that failure to ensure sufficient funds to cover the debit of my account for the amount listed on the utility bill is cause for the City of Stockton to terminate this agreement *(Please complete the section below and include a copy of a voided check with this request.)*

I wish to **change/update** my bank account information and continue to have my bills paid automatically from my bank account each month. *(Please complete the section below and include a copy of a voided check with this request.)*

** Additional charges may be assessed to the utility account if City of Stockton is unable to debit account on file at the time a utility bill comes due.*

** Authorization shall remain in effect until City of Stockton has received written notification from me of its termination in such time and such manner as to afford the City of Stockton a reasonable opportunity to act on it.*

I wish to **stop/cancel** automatic payments for the account listed above. I understand that I will be responsible for remitting my payments each month using one of the alternative payment methods available. *(A complete list of payment options is available on the City of Stockton’s website or on the back of your monthly bill.)*

Routing #: _____	Bank Account # _____
Bank Name: _____	Name on Account: _____

Signature: _____ DL or ID#: _____
(For identity verification only)

When completed, please sign and return this form and any requested documents to the City of Stockton Utility Billing Customer Service Unit. You may submit your request by mail, fax, or email at the location provided at the top of this form.
 For questions, please contact Customer Service during our regular business hours at (209) 937-8295.