

Start / Stop Service

To Start Service:

Please complete, sign, and date the application form and return it along with a clear copy of the applicant (and co-applicant, if applicable) **photo ID(s)** and the following supporting documents:

1. **New Owner** – A copy of the closing/ settlement statement or grant deed.
2. **Renter** – A copy of the signed rental/ lease agreement including the property owner’s name and phone number.
3. **Agent** – A copy of the listing agreement or other written authorization from the seller.

There will be no exceptions to the water service application process. All documents must be submitted before water can be turned on.

Return the Application and Required Documentation:

1. **Dropbox:** Located to the left side of the entrance door.
3570 Airline Highway
Hollister, CA 95023
2. **Via FAX** – (831) 637-1399
3. **Email** – billing@sunnysloewater.org

Applications will not be processed over the phone.

Security Deposit:

A security deposit is required to be deposited at the time application for service is made. To qualify for no deposit or a reduced deposit, applicant may pursue one of the following options:

1. **No Deposit Required if:**
 - a. Applicant for service was a previous customer within the District at another location for more than three years, during the last thirty-six months of which the customer paid all bills promptly, **OR**
 - b. Apply to the District’s Finance Manager for a credit report check. A \$50 processing fee will apply. If credit approved, no deposit will be required,

if denied, the \$50 fee will be applied to the required deposit.

2. **Reduced Deposit Required if:**

- a. Applicant deposits ½ of the required deposit, **AND**
- b. Applicant signs up for the District’s in-house Auto-Pay service (using checking account method only) and remains on Auto-Pay in good standing for 36-months.

(Note: If Auto-Pay is cancelled for any reason during the first three-years of service, the deposit on account must be brought to the then current total deposit required. Applicant must also provide a copy of a voided check.)

Deposit Required:

| Water | Sewer Customer of: | Sewer | Total |
|--------------|---------------------------|--------------|---------------|
| \$ 125 | Sunnyslope | \$ 275 | \$ 400 |
| \$ 125 | City of Hollister | \$ 175 | \$ 300 |

Other Information:

If the water service is currently on, we may schedule the transfer of service on the next available service day. If the water service is off and you would like service reconnected the same day, we must receive the application and required security deposit by 3:00 p.m. If received after 3:00 p.m., there may be a \$ 175 after-hour call-out fee, or service can be restored the next business day.

To Stop Service:

Accounts are not closed automatically. We request notice of 2 working days to cancel your service. Please contact our Customer Service Department at (831) 637-4670 to close your account and update your mailing address. It is your responsibility to contact our office to discontinue service.

Water Service Forms:

Start Service Application Fill-In Form-Jan 25, 2016.pdf

Auto Pay Authorization Fill-In Form.pdf



Sunnyslope County Water District

3570 Airline Highway, Hollister, CA 95023-9702
Phone: (831) 637-4670 FAX: (831) 637-1399
Email: billing@sunnyslopedwater.org

| | |
|----------------------|--------------------------|
| Start Slip Completed | <input type="checkbox"/> |
| Date: | _____ |
| Initial: | _____ |
| Customer ID: | _____ |

Application to Start Service

Requested Start Date*: _____

Primary Applicant Information **(**Please Print Clearly**)**

| | | | | |
|--|--------|-------------------------------|----------------|-----------------|
| Name: (First MI Last) | | Social Security No.: | Date of Birth: | |
| Service Address: | | State/ Driver's License No.: | | |
| Mailing Address: (if different from Service Address) | | E-mail Address: | | |
| City: | State: | ZIP: | Home Phone: | Cell Phone: |
| Employer: | | City: | Work Phone: | |
| Have you ever had service with Sunnyslope Water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? | | | | |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Bank <input type="checkbox"/> Agent Please check appropriate box. | | If Renting, Landlord Name: | | Landlord Phone: |

Co-Applicant, if applicable *(required if included on Rental Agreement or name appears on Title)*

| | | | |
|--|-----------------|------------------------------|----------------|
| Name: (First MI Last) | | Social Security No.: | Date of Birth: |
| Cell Phone: | E-mail Address: | State/ Driver's License No.: | |
| Employer: | | City: | Work Phone: |
| Have you ever had service with Sunnyslope Water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? | | | |

By signing below, applicant and co-applicant (if applicable) agree(s) to comply with the Sunnyslope County Water District Codes and Regulations now or hereafter adopted and to pay water/sewer bills promptly. If a credit check is being requested, signature below authorizes the District to obtain a credit report[@]. I (we) understand a deposit may be required.

| | | | |
|------------------------------|---------------|---------------------------------|---------------|
| _____ Applicant Signature | _____ Date | _____ Co-Applicant Signature | _____ Date |
|------------------------------|---------------|---------------------------------|---------------|

OFFICE USE ONLY:

| | | | |
|--|---|-----------------------------------|--------------------------------------|
| Deposit: <input type="checkbox"/> Good credit history with District, NO deposit required. | Completed By: _____ | | |
| <input type="checkbox"/> \$50 Fee for Credit Check (If approved, NO deposit required; if denied, \$50 fee applied to deposit required.) | | | |
| \$50 Paid by Receipt #: _____ Credit Score: _____ Credit Approved <input type="checkbox"/> Denied <input type="checkbox"/> Completed By: _____ | | | |
| <input type="checkbox"/> \$400 Deposit (Sunnyslope Water/Sewer) | <input type="checkbox"/> \$300 Deposit (Sunnyslope Water/City of Hollister Sewer) | | |
| <input type="checkbox"/> \$200 Deposit ^ (Sunnyslope Water/Sewer) | <input type="checkbox"/> \$150 Deposit ^ (Sunnyslope Water/City of Hollister Sewer) | | |
| <input type="checkbox"/> \$125 Deposit (Sunnyslope Water Only) | <input type="checkbox"/> Transfer Deposit – from Account _____ | | |
| Auto Pay: (Attach appropriate application, if applicable) | Deposit of \$ _____ Paid by Receipt #: _____ | | |
| <input type="checkbox"/> New Application | <input type="checkbox"/> Transfer Auto Pay | <input type="checkbox"/> Checking | <input type="checkbox"/> Credit Card |

* We are unable to back date start dates. Every effort will be made to begin services on your requested start date (Monday – Friday, non-holidays); however, due to high volumes, some may be held until the following business day.

@ A consumer report will be pulled from TransUnion. Check here if you wish to receive a copy of your consumer report directly from TransUnion.

^ Requires signing up for our in-house Auto Pay (checking only) program and remaining in good standing for three years.

Sunnyslope County Water District

3570 Airline Highway, Hollister, CA 95023-9702
Telephone: (831) 637-4670 Fax: (831) 637-1399

AUTOMATIC PAYMENT AUTHORIZATION

When you enroll in Auto Pay, we will automatically debit your personal checking, share draft, or savings account for the total amount of your District utility bill. You will continue to receive your monthly District utility bill as normal; however, no manual payment will need to be made as the full amount due will be electronically deducted from your account **on the 15th of every month.**

To participate in Auto Pay, I agree to and understand all of the following terms and conditions:

- ◆ I must be current on my utility account to be eligible to sign up and remain on this program.
- ◆ It may take 3-6 weeks for my Auto Pay enrollment to be processed. I will need to continue to pay my bill as normal until I see **** ON AUTO PAY, DO NOT PAY THIS BILL **** appearing on my bill.
- ◆ I must authorize the District to debit my checking or savings account for the total monthly charges for utility services, partial payments will not be allowed.
- ◆ I must ensure that sufficient funds are in my checking or savings account to cover the full amount of my utility bill.
- ◆ If two refused electronic fund transfers occur on my bank account, the District may cancel this agreement at its option.
- ◆ The District must be promptly notified of any change to my checking or savings account. It is my responsibility to provide the District with current bank account information.
- ◆ The District recognizes the need for the privacy and protection of personal information. The District does not release customer's personal information to outside agencies or companies, except as needed in the billing and collection process related to the District's utility services.

AUTHORIZATION

I hereby authorize Sunnyslope County Water District to initiate debits (payments) or credits (corrections) to the financial institution indicated below for the purpose of paying my monthly utility bill with Sunnyslope County Water District. The financial institution is authorized to debit/credit my account. This authority is to remain in full force and effect until I revoke it by giving **15 days prior written notice** to Sunnyslope County Water District, it is canceled by Sunnyslope County Water District under the conditions stated above, or I terminate my service with Sunnyslope County Water District. I have also read and agree to the terms and conditions outlined above.

Financial Institution Name

Routing / ABA Number *

Type of Account: Checking Savings
 or Share Draft

Bank Account Number

**IMPORTANT: For electronic debit processing, please attach a voided check to this form
(Do not give a deposit slip)**

* The Routing / ABA number is the routing number located at the lower left corner of your check (usually the first 9 digits).

Customer Signature

Date

Daytime Phone No.

Customer Name (please print)

District Account Number(s)

OFFICE USE ONLY

Date Received _____ Route & Service: _____ Effective Date: _____