



17661 Pilkington Road, Lake Oswego, OR 97035
Phone: 503.635.6041 | Email: rgwd@rivergrovewater.com

Recurring Checking Account Automatic Payment Application

CUSTOMER INFORMATION

Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Email Address: _____

Rivergrove Water District Account No: _____

Notes to Customer:

1. The District bills on a bi-monthly basis on the 10th of February, April, June, August, October, and December. Payment is due the following month on the 10th of January, March, May, July, September, and November, and will be automatically processed accordingly.
2. The District reserves the right to cancel Recurring Checking Accounts Payments without notice due to payment declination.

I certify the information below is correct, that I am an authorized signer or designee of the account provided for automatic payment transactions, and that I am authorized to provide this information.

I authorize RIVERGROVE WATER DISTRICT to initiate deductions and the financial institution listed below to transfer payment, for and in the amount of my bi-monthly utility bill, to RIVERGROVE WATER DISTRICT from my checking account via Automatic Payment transactions. I understand I must send written notification to RIVERGROVE WATER DISTRICT to revoke this authorization. I understand I am responsible for keeping the bank information current and am responsible for paying all fees associated with inaccurate or obsolete information and any other circumstance which causes the ACH transaction to be declined.

RIVERGROVE WATER DISTRICT reserves the right to cancel Automatic payments due to insufficient funds without notice.

Please attach a voided check to this form

Name of Primary Bank: _____

Name on Bank Account: _____

Routing #: _____ Bank Account #: _____

Authorized Signature: _____ Date: _____

