



**17761 Pilkington Road
Lake Oswego OR 97035
Phone: 503.635.6041 Fax: 503.699.9423**

Recurring Checking Account Automatic Payment Application

CUSTOMER INFORMATION

Name: _____

Service Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone No: _____ **E-mail Address:** _____

Rivergrove Water District Account No: ____ _

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 certify the information below is correct, that I am an authorized signer or designate of the account provided for automatic payment transactions, and that I am authorized to provide this information. I understand I must send written notification to RIVERGROVE WATER DISTRICT to revoke this authorization.

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: _____

Bank Account #: _____ **Routing #:** _____

Authorized Signature: _____ **Date:** _____