



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

Recurring Credit Card Payment Application

CUSTOMER INFORMATION

Name: _____

Account No: _____ Phone No: _____

E-mail Address: _____

CREDIT CARD INFORMATION

Credit Card Number: _____ Exp Date: ____/____
Month Year

Name on Account: _____ CVV Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I certify the information above is correct, that I am an authorized signer or designate of the account provided for credit card transactions, and that I am authorized to provide this information.

I authorize RIVERGROVE WATER DISTRICT to deduct utility payments from this account via Recurring Credit Card Payment transactions. I understand I must send written notification to RIVERGROVE WATER DISTRICT to revoke this authorization.

RIVERGROVE WATER DISTRICT reserves the right to cancel Recurring Credit Card Payments due to insufficient funds without notice.

_____/_____/_____
Print Authorized Name Authorized Signature Date