



17661 Pilkington Road
Lake Oswego OR 97035
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Recurring Credit Card Payment Application

(Note: A convenience fee is charged for all credit card payments. This rate is established by the credit card company and the District's billing provider. The Rivergrove Water District does not receive any revenue from the convenience fee.)

CUSTOMER INFORMATION

Name: _____

Account No: _____ Phone No: _____

E-mail Address: _____

CREDIT CARD INFORMATION (Visa, Mastercard or Discover only)

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 designee 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. I understand I am responsible for keeping the credit card information current and am responsible for paying all fees associated with inaccurate or obsolete information and any other circumstance which causes the credit card transaction to be declined.

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

_____/_____/_____
Print Authorized Name Authorized Signature Date

