



**17661 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 designee 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. 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:** \_\_\_\_\_

**Bank Account #:** \_\_\_\_\_ **Routing #:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

