

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

Recurring Credit Card Payment Application

CUSTOMER INFORMATION

Name:				
Service Address:				
City:	State:	Zip:		
Phone No: Ema	ail Address:			
Rivergrove Water District Account No	:	<u></u>		
CREDIT CARD INFORMATION (Vi	sa, Mastercard, or Discover	only)		
Credit Card Number:		Exp Date:		
Name on Account:				
Billing Address:				
City:	State:	Zip:		
 Notes to Customer: A convenience fee of \$3.60 is charge card company and the District's bill convenience fee. The District bills on a bi-monthly bat December. Payment is due the follow November, and will be automatically The District reserves the right to cardeclination. 	ing provider. The District does us is on the 10^{th} of February, April wing month on the 10^{th} of January or yrocessed accordingly.	s not receive any revenu pril, June, August, Octob uary, March, May, July,	ne from the ber, and September, and	
I certify the information above is correct, that card transactions, and that I am authorized to	•	designee of the account p	provided for credit	
I authorize RIVERGROVE WATER DIST Recurring Credit Card Payment transaction WATER DISTRICT to revoke this author information current and am responsible for pa other circumstance which causes the credit c	ns. I understand I must send rization. I understand I am aying all fees associated with i	I written notification to responsible for keepin naccurate or obsolete in	RIVERGROVE g the credit card	
Print Authorized Name	/ Authorized Signature	/ Date		

Authorized Signature