



RWDonline.net
P.O. Box 8, Springfield, OR 97477
1550 42nd Street, Springfield, OR 97477
Phone: 541-746-1676
Fax: 541-747-0845

AUTO PAY ENROLLMENT FORM

We are excited to announce that effective January 2016 the Rainbow Water District is offering Auto Pay of your utility bill, which will come directly out of your **checking** account. Enrolled participants will still get a monthly bill delivered to them by mail or e-mail, depending **on** their choice. Simply read and complete the form below and attach a voided check to complete your enrollment. Please read the AUTOPAY AGREEMENT carefully. **If you have multiple properties, you will need to fill out a separate form for each property.**

Please enroll me in the Auto Pay program. I understand that my enrollment is strictly voluntary and will remain in effect until I cancel my participation in writing. **I understand and agree that:**

1. I authorize the Rainbow Water District to ACH debit my checking account for the Total Amount Due of my monthly water bill. **There is no charge for this service.**
2. The withdrawal from my account will be done on the due date of the bill, which may not stay the same every month. If the due date falls on a weekend or Rainbow Water District holiday, the withdrawal will be done on the next business day.
3. It is my responsibility to monitor my bill and to notify the office if my **Total Amount Due** is unusually large before the due date of the bill. **The full amount of the total amount due will be withdrawn, regardless of the amount.**
4. It will be my responsibility to notify the Rainbow Water District office of any bank account changes, such as closed accounts, account number changes or account name changes.
5. A fee of \$25.00 will be assessed to any payment rejected by the bank, for any reason.
6. I have the right to discontinue my participation at any time, with a 10-day written notice.
7. The name on the voided check must exactly match the Rainbow Water District account holder.

Full Name _____ Account # _____

Service Address _____

Home Phone _____ Cell Phone _____

Bank Name _____ Routing # _____ Account # _____

Please allow up to two weeks to process your request. Your bill will state "DO NOT PAY" in the amount due box after your enrollment has been completed.

I certify that I have read and agree to the terms stated above and give authorization to the Rainbow Water District to debit my checking account.

Signature _____ Date _____

****DON'T FORGET TO ATTACH A VOIDED CHECK TO THIS FORM****

**Customers may still pay with debit or credit card using Official Payments, subject to the \$1.95 fee charged by this third party provider.