Rio Linda/Elverta Community Water District 730 L Street * P.O. Box 400 Rio Linda, CA 95673 (916) 991-1000

Mail, drop-off or email form to: questions@rlecwd.com



New Change Account Number
Customer Name

www.rlecwd.com

DIRECT PAYN	MENT AUTH	IORIZATIO	N One	Account	
I hereby authorize Rio my account at the fina			istrict to auton	natically debit fun	ds from
(Account Holder Name)			(Address)		
(Email Address)		1	(Phone Number) Cell or Home		
(Financial Institution Nam	ne)		(Branch)		
(Address)	e	(City/State)		(Zip)	
(ABA Routing Number)			(Bank Account Number)		
Checking or Savings					
(Account Type)(Check one	e)				
Fixed \$	or Bill Amount		Date to Debit:	5th bi-monthly o	r Bill Due Date
(Amount to Debit)(Check one)			(Circle one)		
#200000000: #200000000: A	\$ DOLLARS @ MATTER DOLLARS & MATTER DOLL				

By authorizing RLECWD to deduct funds from my account, I acknowledge that payment of my water bill remains my sole responsibility. I agree and understand that RLECWD cannot be responsible for any failures of my financial institution to transfer funds, failure of mine to maintain sufficient funds in the payment account, or for any failures of transfer due to problems arising from problems in the direct payment system.

I understand that should the regularly scheduled debit date fall on a weekend or Federal holiday, the debit shall occur on the following banking date. I further understand that if two payments are returned and/or declined because of insufficient funds within a twelve month period my participation in the direct payment program may be automatically cancelled Additionally, payments returned due to insufficient funds may be subject to return check fees and late payment penalties

(Bank Holder Signature) (Printed Name) (Date)

(DocuSign or other electronic signatures not accepted)