

RVSS AutoPay

REQUEST AUTHORIZATION

138 W Vilas Rd P.O. Box 3130, Central Point, OR 97502

Here's How it Works:

Fill out the form below to authorize a regularly scheduled payment from checking or savings account. Customers will still receive a sewer bill showing how much will be deducted from their checking or savings account. The payment will be automatically transferred from the customer's bank account on the *16th of the month or the following business day*. Proof of payment will appear on bank statements.

Authorization requests must be received in our office by the 20th of the month to be effective the following month. Customers should continue paying sewer bills, using their customary method of payment, until receiving the following notice on the sewer bill: "AUTO PAY DO NOT PAY." Eagle Point and Jacksonville customers must continue to pay directly to their city.

RVSS WILL ASSESS A FEE ON ALL RETURNED CHECKS

1. PRINT O	R TYPE INFORMATION			
I (we) author process varia	rize and request Rogue Valley Se able debit entries to my (our) check ten notification to terminate autho	ing/savings account. This author	ity will remain in effect until RVSS	
Check One:	Checking Savings			
Check One:	Establish AutoPay Char	ge AutoPay Discontinue AutoP	ay 🔲	
Name:	(Last)	(First)	(Middle Initial)	
Service Addre	SS:			
Sewer Account Number(s):		Telephone	Telephone	
Name of Final	ncial Institution:			
Signature		Date:	Date:	
2. ATTACH	VOIDED CHECK FROM CHECK	ING OR DEPOSIT SLIP FROM	SAVINGS ACCOUNT	
	RVS AND KEEP A COPY FOR 'e-mail are <u>not</u> acceptable.	YOUR RECORDS		
		For RVS us	se:	
		Processed:		