



SUNRIVER

WATER LLC / ENVIRONMENTAL LLC

**AUTHORIZATION FORM FOR AUTOMATIC PAYMENT
VIA CHECKING OR SAVINGS ACCOUNT**

Please complete this form to authorize Sunriver Water/Environmental LLC to deduct your monthly bill automatically from your checking or savings account on/about the 26th of each month (processed Monday – Friday only). **Please include a VOIDED check with your completed authorization form to complete set up of auto pay.**

Please return by either Mail: Sunriver Utilities | PO Box 3699 | Sunriver, OR 97707

Fax: (541) 593-4643

Email: utilitiesinfo@sunriverutilities.com

Website: www.sunriverwater.com

Date _____

I, _____, authorize Sunriver Water/Environmental LLC to pay my utility bill by automatically deducting my checking or savings account on or about the 26th of each month (deductions are processed Monday – Friday only). I understand that this date may be before my due date.

Customer Account #: _____ Service Address: _____
From your bill From your bill

NAME OF BANK: _____

ABA/ROUTING #: _____
First set of numbers at the bottom of check

CHECKING ACCOUNT #: _____
Second set of numbers at the bottom of check

CUSTOMER NAME(S): _____

PHONE #: _____

E-MAIL ADDRESS: _____ BILLING PREFERENCE: EMAIL MAIL

BILLING ADDRESS: _____
If your billing address has not changed and is accurate on your billing statement you do not have to complete address.

I hereby authorize Sunriver Water/Environmental LLC to automatically withdrawal from my checking/savings account in U.S funds the total amount due on my billing statement and to make deposits if necessary for error correction. I authorize the Financial Institution named above to accept such transactions initiated by Sunriver Water/Environmental LLC. The withdrawal shall be made, from my account, on/about the 26th of each month. I am aware of my right to stop a withdrawal by notifying Sunriver Water/Environmental LLC at any time up to three (3) business days before the withdrawal date. If an erroneous withdrawal occurs and I notify the Financial Institution of the error within 60 days of the issuance of my account statement, the institution must investigate and resolve the error within 45 days of notification. If the error is not resolved within the first 10 business days following the receipt of my notification, my account shall be credited for the amount in question until the investigation is completed. (Condensed for Regulation E, Electronic Fund Transfer Act for consumer’s protection. For more information please contact your Financial Institution.)

By sending in this request to activate Monthly Recurring Payments you are agreeing to the above terms.

X _____ Date: _____
Please sign name Please print name