

Automatic Payment Program Enrollment Form



Terms

1. By completing the Enrollment Form below, you are enrolling to have the Sweetwater Springs Water District ("District") automatically deduct the amount of your bi-monthly water bill from your bank account or credit card. There is no processing fee for this service.
2. Enrollment in the Automatic Payment Program ("Program") will continue until you either cancel your enrollment or you close your account.
3. You have the right to cancel your enrollment at any time by contacting the District. The District will mail you verification that you are no longer in the Automatic Payment Program.
4. You must notify the District of any change to your credit card number or bank account information. The District will mail you a confirmation of the change. You will be responsible for any delinquency fees that accrue due to a changed or cancelled credit card or bank account number.
5. The District will continue to mail you a bi-monthly water bill. The date the amount due will be deducted from your credit card or bank account will be indicated on the bill. If you disagree with the amount to be deducted, it is your responsibility to contact the District and, if necessary, cancel your enrollment in the program pending settlement of a disputed amount.
6. Customers enrolled in the Program will not be permitted to change or extend the date on which their water bill balance is deducted.
7. Mailed correspondence regarding this program will use the mailing address used to mail your bi-monthly water bill.

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Sweetwater Springs Water District Automatic Payment Program Enrollment Form

Name: _____

E-mail address: _____ @ _____

SSWD Account Number: _____

Payment Information: (Choose one below.)

Credit Card

Credit Card type: _____ (Mastercard or Visa only) —
Credit Card Number: _____

Expiration Date: _____

Bank Account

Please attach a voided check to this Enrollment Form.

Enrollment is NOT effective immediately. You will be mailed an Enrollment letter with the effective date of enrollment (usually by your next billing).

I have read and agree to the Terms above.

Signature: _____

Date: _____