



High Valleys Water District
47781 Twin Pines Road
Banning, California 92220
Office: 951-849-2612
Fax: 951-922-9667

Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, Discover or American Express. Just complete, sign and return this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit/debit card from the High Valleys Water District. You will be charged your entire account balance (indicated on your monthly invoice) in addition to a \$2.00 convenience fee each billing period. A receipt for each payment will be (e)mailed to you upon request. You agree that no prior-notification will be provided.

*****PLEASE LEGIBLY PRINT & COMPLETE THE FOLLOWING INFORMATION BELOW*****

I, _____, authorize the High Valleys Water District to charge my credit/debit card in the amount indicated below for the payment of my monthly water service in addition to a \$2.00 convenience fee per transaction. This payment will be taken approximately 10 days before the invoice due date to ensure my payment has been received on time. If this day shall fall on a Friday, weekend or holiday, I understand that my payment may be taken on the regular business day prior. If my payment is returned/rejected due to NSF (non-sufficient funds), I'll be charged a minimum of \$15.00 (maximum of \$45.00) plus my balance and all associated fees. I understand that not paying my invoice within 30 days of the due date could result in the possible shut off of my water service and that HVWD may charge additional fees to reinstate it. _____ (initials)

WATER SERVICE ACCOUNT INFORMATION

Today's Date: _____ Service Account #: _____

Service Account Name: _____

Service Address: _____

Phone #: _____ Message #: _____

To authorize payment using your credit/debit card, please complete the following information below:

Name on Card: _____ Card Type: _____

Billing Address: _____

Card Number: _____

Certified Verification Code (CVC): _____ Expiration Date: _____

Would you like a copy of your receipt? Yes No Send to my: Email Address

Email Address: _____

***I understand by initialing here _____, I will be charged the entire account balance which will be indicated on my monthly invoice. If I wish for a different amount to be charged, I must contact the District Office at least **5 days prior** to the charge date, which can be found on the District's website at: <http://www.highvalleyswater.com/general-managers-messages.html>*

Additional Information/Notes:

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the High Valleys Water District in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a Friday, weekend or holiday, I understand that the payments may be executed on the prior business day. In the case of a transaction being rejected for any reason, I understand that the High Valleys Water District may at its discretion, attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit/debit card and will not dispute these scheduled transactions with my bank or credit/debit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____