



CITY OF WEST RICHLAND SMART PAY AUTHORIZATION/CANCELLATION

New Authorization Update Information Cancel Smart Pay

Customer Name:

Utility Account #:

Service Address:

Phone #:

Bank Information:

Bank Name:

Transit/Routing #:

Checking Account #:

Please select a payment date: 10th or 25th Date Smart Pay will begin:

(Authorizations received after the 21st of each month will not begin for two months. For example, an authorization received on 6/25 for a payment on the 10th will not begin until 8/10.)

By signing below, I authorize the City of West Richland and the financial institution named to initiate a deduction from my checking account for the purpose of paying my monthly utility bill. This authority will remain in effect until I notify the City, ***in writing***, to ***cancel*** it in such time as to afford the City and the financial institution ***14 business days*** to act upon it. I have read and understand the terms of this agreement as stated.

Customer Signature: _____ Date: _____

Please send completed and signed form ***with attached voided check*** to: City of West Richland, 3801 W. Van Giesen St, West Richland, WA 99353

Office Use Only:

Date received:

Input by: