

City of West Richland Smartpay Authorization

New Authorization Update Authorization Cancel Authorization



Please select a payment date: 10th or 25th

Customer Information:

Name _____
Service address _____
Phone # _____
Utility account # _____

Bank Information:

Bank name _____
Transit/Routing # _____
Checking account # _____
(please attach a voided check)

***PLEASE NOTE IF YOU ARE CHANGING BETWEEN THE 10TH AND 25TH, PLEASE CHECK WITH CUSTOMER SERVICE TO SEE WHEN THIS WILL BE EFFECTIVE.**

Date Smartpay 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 10th payment date 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 a reasonable opportunity to act upon it. I have read and understand the terms of this agreement as stated.

Signature & Date: _____

Send completed form to City of West Richland, 3801 W. Van Giesen St, West Richland, WA 99353

Office Use Only:

Input by/date: _____