



**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: 10<sup>th</sup>  or 25<sup>th</sup>  Date Smart Pay will begin:

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

**Final Bills may not be processed through Smart Pay.**

**Payment may process in a window of 72 hours of the date chosen.**

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, 3100 Belmont Blvd. Suite 100 West Richland, WA 99353

Office Use Only:

Date received:

Input by: