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.

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:  