

MEADOW VISTA WATER DISTRICT
17000 PLACER HILLS RD
PO BOX 278
MEADOW VISTA, CA 95722

(530) 878-0828
(530) 878-8116 fax
www.mvcwd.com

ELECTRONIC BILL PAYMENT AUTHORIZATION
FOR PAYMENT OF WATER BILL CHARGES

I authorize **Meadow Vista County Water District** to automatically charge my bank account number, as shown below, all charges for services rendered against my water account by **MVCWD**

MVCWD Account # _____

MVCWD Account # _____

CUSTOMER INFORMATION (Please Fill In)	Name:	
	Service Address:	
	City/State/Zip:	
	Home Phone:	Other Phone:
	Email:	
	Note: If you have multiple MVCWD accounts please list them above.	

****A VOIDED CHECK MUST BE ENCLOSED TO PROCESS YOUR APPLICATION****

BANK ACCOUNT INFORMATION (Please Fill In)	Account#:
	Name Of Bank:
	Branch Location:

TERMS AND CONDITIONS

I will continue to receive water bills. If I dispute the amount, I will have until 10 days after the bill date to contact MVCWD customer service at (530)878-0828 M-F 8:00-4:30pm

The deduction will be made from my account on the 20th of the month or the next business day.

This authorization will remain in effect until revoked by me or MVCWD.

I will notify MVCWD if I change banks or if my account number is changed.

I understand that for each payment returned, a returned check fee will be applied to my account.

I MAKE AUTHORIZATION SUBJECT TO THE ABOVE TERMS AND CONDITIONS.

Signature:

Date:

****DID YOU REMEMBER TO ENCLOSE A VOIDED CHECK?***