

ACH AUTO-PAYMENT AUTHORIZATION FORM

Customer Account # _____ **Name on the Customer Account:** _____

I authorize the City of Riverside to make recurring charges to my bank account consistent with the payment terms described below and to initiate adjustments for any transactions debited or credited in error. This authority will remain in effect until the City has received written notification from me to cancel it, or until the payment terms stated below are satisfied. Notice must be received at least seven days prior to the scheduled payment date in order to cancel the next payment.

I understand that it is my responsibility to inform the City of any changes to my bank account that may impact the ability to process my payment, including changes to the account name or billing address, the closure of the bank, or any other relevant changes. I understand that my failure to inform the City of changes that cause the payment to be rejected may result in an assessed charge of \$25 per failed payment.

I understand and agree to the terms and conditions set forth above.

Signature

(Name – Please print)

Phone _____ Email Address _____
(Your email address will be used to send payment receipts and other communication directly related to your account.)

Recurring Payment Terms	
Charge Amount \$ _____	Number of Payments _____
Date of first payment _____	-OR-
Frequency of payment: On the _____ of every month	Until paid in full: \$ _____

Bank Account Information	
Routing # _____	Bank Account #: _____
(Attach a copy of a voided check for this bank account.)	

Send this form to: Finance Dept/Collections
City of Riverside
3900 Main St.
Riverside, CA 92522

Questions? (951) 826-5365