



**City of Richland  
CUSTOMER SERVICE**

505 Swift Boulevard  
Richland, Washington 99352  
Phone: (509) 942-1104  
Fax: (509) 942-7779

CustomerService@ci.richland.wa.us

**AUTOPAY AUTHORIZATION FORM**

**Authorization for Automatic Monthly Draw from your checking/savings account, or your VISA/Master Card**

**Customer Account:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Service Location:** \_\_\_\_\_

**AUTO PAY ENROLLMENT WILL BE EFFECTIVE AFTER YOUR NEXT BILLING CYCLE  
PLEASE PAY CURRENT CHARGES**

Signature of this form authorizes the City of Richland to automatically draw the utility bill payment for the Service Address listed above from the designated payment method shown below. You will continue to receive monthly statements. Your payment will be drawn on the due date indicated on your bill. We do not issue a receipt for an Auto Pay transaction. If you need to make changes to the information we have on file, please fill out the back of your bill stub or a new authorization form and return the signed bill stub/form a minimum of five (5) business days prior to your bill due date.

You may return the completed form to Customer Service:

- Physical Location: 505 Swift Blvd, Richland, WA 99352
- Fax Number 509-942-7779
- Drop box located at City Hall - 505 Swift Blvd. Richland, WA 99352

**Please ensure form has all applicable fields completed and signed.**

**PAYMENT PLAN TYPE (Required)**

- |   |   |
|---|---|
| <input type="checkbox"/> Equalized - Autodraw on Specified Date | <input type="checkbox"/> Equalized - Autodraw on Due Date |
| <input type="checkbox"/> Autodraw - Balance on Specified Date   | <input type="checkbox"/> Autodraw - Balance on Due Date   |
- Specified Date to Draw Payment (between 1<sup>st</sup> and 28<sup>th</sup>) \_\_\_\_\_

**CREDIT / DEBIT CARD (Required if Adding Card)**

<b>Credit Card Type</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<b>Expiration Date</b>	_____
<b>Credit Card Number</b>	_____		

**E-CHECK (Required if Adding Bank Routing and Account Information)**

*Hard copy of the form and voided check are required to process e-Check requests*

<b>Bank Name</b>	_____
<b>Bank Routing Number</b>	_____
<b>Bank Account Number</b>	_____
<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>	

**Email Address** \_\_\_\_\_

**Phone Number** Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell 1: \_\_\_\_\_ Cell 2: \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Credit/Debit Card or eCheck Account Holder**

\_\_\_\_\_  
**Customer Authorization Signature**

\_\_\_\_\_  
**Date**