

RURAL SEWER DISTRICT 1 ROGERS Recurring Payment

Sewer Information

Account Number	
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Payor Information

First Name	Last Name	Phone Number
Address	City State Zip	Email Address

Payment Arrangement Details

Payments will be processed on a schedule specified in the details below.

Recurring Payment Amount	Frequency	Number of Charges	Date Charges Begin
\$35 or your current account balance Plus 4% fee charged by the processing company.	Monthly - at the end of the service month (28th-31st). You will no longer receive a bill.	Until credit card expiration or customer cancellation.	At the end of the same month of enrollment.

Secure Payment Method(s)

Primary Payment Method <input type="checkbox"/> Credit Acct # _____ Fee 4.00% Exp Date _____ / _____	Secondary Payment Method - optional <input type="checkbox"/> Credit Acct # _____ Fee 4.00% Exp Date _____ / _____
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Security Code _____

RURAL SEWER DISTRICT 1 ROGERS Credit Card Charge Authorization

By completing and signing this form, you authorize regularly scheduled charges to the provided Credit Card. You will be charged based on the schedule outlined in this agreement, and proof of payment will be sent to the email address provided.

You understand that this authorization will remain in effect until the scheduled end date, or until you cancel the recurring payment, whichever comes first. If the above noted periodic payment dates fall on a weekend or holiday, you understand that the payment may be executed on the next banking business day, and that because this is an electronic transaction, these funds may be withdrawn from your account as soon as the above noted periodic transaction dates.

To cancel or make changes to this agreement, contact RURAL SEWER DISTRICT 1 ROGERS at . If the amount of your payment or payment schedule changes, we will notify you at least 10 days before payment date.

I authorize RURAL SEWER DISTRICT 1 ROGERS to charge / debit my provided account for payment of Sewer based on the amount and schedule details provided above.

**** If a debit card is used and payment is rejected due to a lack of funds, a \$10 fee will be added to your account and your automatic payment by debit card will be suspended.**

Signature _____ Date _____

Merchant Use Only Recurring Payment ID: _____