



## RAMONA MUNICIPAL WATER DISTRICT

105 Earlam Street Phone: (760) 789 -1330  
Ramona, CA 92065-1599 Fax: (760) 788 – 2202  
Email: customerservice@rmwd.org

### DIRECT PAYMENT PROGRAM AGREEMENT AND TERMS

The Ramona Municipal Water District is always striving for ways to improve their customer service. With that in mind, we have initiated a program that we call the **Direct Payment Program**. We created this program in response to customers who have asked for a more convenient and less time consuming method to pay their water bill.

**How does it work?** Our customers are either billed monthly or bimonthly. The bill is due upon presentation and becomes delinquent twenty (20) days after the date of the mailing. If you elect to participate in the **Direct Payment Program**, the amount of your water bill will automatically be debited to your checking or savings account on the Friday before the due date stated on your bill. You will continue to receive a copy of your water bill so you will know the amount to be deducted from your bank account with sufficient time to ensure the funds are available. Remember, the amount of your bill will vary each month depending on your water usage. If you should have any questions concerning services or charges shown on your bill, you must initiate a complaint or request a review within five (5) days of receipt of the bill. Any such request must be in writing and directed to the Customer Service Department.

**It is very important that you review your bill immediately upon receipt.** Any written complaint or request received within five (5) days of the date scheduled for the automatic debit of your account will not allow us sufficient time to process any needed corrections. Account corrections will be made in the next billing cycle. The District is not responsible for any injury or damage to the customer as a result of the failure of the customer to report an error on their bill within five (5) days after the bill is received, in writing. In the event an error is discovered, the sole responsibility of the District shall be to correct the customer's account for the amount of the error.

A \$25.00 service charge will be assessed to your water account if there are insufficient funds. We will require that the current payment amount be covered in cash, cashier's check or money order. After two occurrences of insufficient funds, this contract will become null and void. You will no longer be eligible for the **Direct Payment Program**. You may cancel the program anytime by giving the District thirty (30) days written notice.

If you wish to participate in the **Direct Payment Program Agreement and Terms**, you may do so by completing the next two simple steps: 1) Sign below indicating your understanding of the terms mentioned above. 2) Complete the enclosed authorization agreements and mail both items to the District along with a voided check or a direct payment form from your bank for a savings account. These items must be returned at least thirty (30) days prior to your next billing date to allow enough time to add your account to the program.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_



## RAMONA MUNICIPAL WATER DISTRICT

105 Earlham Street Phone: (760) 789 -1330  
Ramona, CA 92065-1599 Fax: (760) 788 – 2202  
Email: customerservice@rmwd.org

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT PROGRAM

I/We hereby authorize Ramona Municipal Water District to initiate debit entries to my/our ( ) **CHECKING** ( ) **SAVINGS ACCOUNT** (select one) indicated below at the depository financial institution named below, and to debit the same to such account.

I/We agree to be bound by all terms of the District Payment Program Agreement.

#### DEPOSITORY/BANK

NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ROUTING #: \_\_\_\_\_ ACCT #: \_\_\_\_\_

.....  
RMWD ACCT #: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

.....  
Please Attach a Voided Check

.....