



3707 Old Hwy 395
Fallbrook, CA 92028

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DIRECT PAYMENT PROGRAM

The Rainbow Municipal Water District is always striving for ways to improve customer service. With that in mind, we have initiated a program that we refer to as the Direct Payment Program. Many of our customers have asked for a more convenient and less time consuming way to pay their water bills. We believe this new program is the answer.

How does it work? The monthly water bills are sent to our customers in one of three billing cycles each month. The bill is due approximately 25 days from issue depending upon working days in the billing cycle. If you elect to participate in the Direct Payment Program, the amount of your water bill will be automatically deducted (debited) from your checking or savings account not less than 20 days nor more than 30 days after your billing date.

Once on the Direct Payment Program, you will continue to receive your monthly bill. Be sure to deduct the amount of your bill from your account balance. Please note that the amount of your bill may vary each month depending on your water usage.

- If you should have any questions concerning the charges shown on your bill, you must contact the district and request a review within ten days after the billing date. Any such complaint or request must be in writing. Please retain a copy of your written request for your records.
- Any written request received less than ten days of the date scheduled for time automatic debit of your account will not allow us sufficient time to process any needed corrections in that billing cycle. If account corrections are necessary from requests received within ten days of the date scheduled, they will be in the next billing cycle. *It is very important that you review your bill immediately upon receipt.* The District is not responsible for any injury or damage if the customer fails to report an error on their bill to the District within ten days after the billing date. In the event an error is discovered, the sole responsibility of the District shall be to correct the customer's account for the amount in error.
- Your CLOSING BILL will NOT be paid using the Direct Payment Program. You must pay your Closing Bill by Check, Cash or Money Order.

If there are insufficient funds in your account to cover the direct payment, you will be assessed a \$30.00 service charge. We will then require that the current payment amount be covered in cash, cashiers check or money order. After two such occurrences of insufficient funds, you will no longer be eligible for the Direct Payment program. You may cancel participation in the program at any time by giving the District 30 days written notice. Please keep a copy of the cancellation request for your records.

We believe that this program will benefit our customers in many ways. You will no longer have to remember to write a check for payment, and you will eliminate postage expense and the risk of late payments due to slow mail delivery. Another benefit is the reduction of payment processing costs, which helps to keep your water rates as low as possible.



RAINBOW MUNICIPAL WATER DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT
PROGRAM

I/we hereby authorize Rainbow Municipal Water District, to initiate debit entries to My/ our () **Checking Account** / () **Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called Depository, and to debit the same to such account.

I/we hereby agree to be bound by all terms of the District Payment Program.

DEPOSITORY (BANK)

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

(1ST SET OF NUMBERS)

(2ND SET OF NUMBERS)

PLEASE ENCLOSE A VOIDED CHECK

(We cannot complete the request if a voided check is not included)

This authorization is to remain in full force and effect until Rainbow Municipal Water District has received a thirty (30) day written notification from me/us of its termination.

CUSTOMER RAINBOW MUNICIPAL WATER DISTRICT ACCOUNT

NAME(S) _____

RMWD ACCOUNT NUMBER _____

Date _____ Signature(s) _____

Date _____ Signature(s) _____

DAYTIME TELEPHONE NUMBER _____