



AUTO PAY ENROLLMENT FORM

Please complete this form online and print it. Then, fax or mail the completed form to:

Mail

Las Vegas Valley Water District
Remittance Processing, M/S #620
1001 S. Valley View Blvd.
Las Vegas, NV 89153

Fax

(702) 822-8465

Confirmation of your enrollment will appear on your bill within two billing periods. The amount of your bill will be deducted/charged about 15 days after the bill date.

Customer Name: First

Last

LVVWD Account Number:

Phone Number: () -

Service Address:

City:

Zip Code: -

Please complete this section if paying by credit card:

Card Type: (choose one)

Visa Mastercard Discover American Express Diners Club International

Cardholder Name:

Credit Card Number:

Expiration Date: / (mm/yy)

Please complete this section if paying by checking/savings account:

Checking Account

Savings Account

Bank/Financial Institution:

Name(s) shown on account:

Routing Number:
(9 digits)

Account Number:

I authorize the Las Vegas Valley Water District (Water District) and the financial institution on this application to charge the account(s) listed above for payment of my monthly water bill. I have the right to stop payment by notifying the Water District five business days before my payment date. If my checking/savings payment is returned unpaid, a \$15 fee will be charged to my water account. I understand that both the financial institution and the Water District reserve the right to terminate my participation in the plan. If three payments are returned unpaid in a twelve-month period, I will be excluded from the plan. If I choose to withdraw from the plan, the Water District must receive my written notification seven business days before my payment date. I will inform the Water District of any changes in my banking or credit card accounts. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisions of U. S. law.

I agree to the above terms and conditions.

Signature: _____ Date: _____