



Customer Service and Utility Billing Department  
 437 N. Riverside Ave  
 Rialto, CA 92376  
 Office: (909) 820-2546  
 Office Fax: (909) 784-0312

## AUTO BILL PAY APPLICATION

Please provide the following to use your Debit or Credit Card:

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

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

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Circle One: VISA or MasterCard

Card Number: \_\_\_\_\_

Expire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name Shown on the Card: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Billing Zip Code for Card: \_\_\_\_\_



**Customer's Authorization:**

Auto pay will begin on the first due date following receipt and processing of this authorization form. I authorize Rialto Water Services (RWS) to auto pay my utility account each month on the due date.

**I understand it is my responsibility to notify RWS of any changes to the information referenced above, such as using a new card, change in expiration dates, change in name and/or mailing information, etc.**

This authorization form will remain in effect until I give written notice to RWS to change or terminate this authorization. RWS reserves the right to change or terminate enrollment if unable to process payments due to incorrect card/customer information or non-sufficient funds. Customer is responsible for timely payment of balances due.

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

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

Account Number: \_\_\_\_\_  
 Employees Initials: \_\_\_\_\_

Service Type: WATER and/or SEWER  
 Date Received: \_\_\_\_\_