

**Recurring Payment Plan  
Credit or Debit Cards**

Card Type	Visa or MasterCard (please circle)
Card Number	
Expiration Date	
Name on Card	
Security Code *	
Billing Address for Card	
Account Name	
Account Number	
Phone Number	
Email	

\* Security Code is three-digit number on back of card on the signature strip.

I hereby authorize Roats Water System to automatically charge my monthly water bill to the credit or debit card listed above for the water account number(s) listed. I understand that a \$1.20 fee will be added to each transaction. This authorization is to remain in full force and effect until Roats Water System has received written notification from me of its termination in such time and such manner as to afford Roats Water System reasonable time to act on it.

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

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

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

**Please return this form to:**

Roats Water System, Inc.  
61147 Hamilton Lane  
Bend, OR 97702  
(541) 382-3029