



AUTOMATIC PAYMENT ENROLLMENT FORM

If received at least 5 business days before bill due date, enrollment will be processed for that bill payment

I hereby authorize Rincon del Diablo Municipal Water District to apply my billing payment to:

- Checking (please provide your bank information below and submit a voided check)
- Savings (please provide your bank information below and submit a voided deposit slip)

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

Your Name	Date _____ 20__	1111
Your Address		
Your City, State, Zip		
Pay to the order of _____	\$ _____	
_____	Dollars	🔒
For _____		
⑆123456789⑆ 000123456 ⑈ 1111		
Routing Number	Account Number	

Rincon Water Account No.: _____

Printed Name: _____

Signature: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

To submit a completed form, please choose one of the following methods:

Email customerservice@rinconwater.org

Fax (760) 745-4235

Mail 1920 North Iris Lane
Escondido, CA 92026