

**Royalton Fire District
Automatic Payment Authorization Form**

CUSTOMER INFORMATION

Name _____
Address _____
City/State/Zip _____
Telephone _____
Meter Number(s) _____

PAYMENT TYPE:

Credit Card		Bank Draft/E-Check	
Circle one: VISA MASTERCARD		Account Number	_____
Card Number	_____	Routing Number	_____
Exp: ___ / ___	Security code: _____	Name of Bank	_____

PAYMENT OPTIONS:

_____ Balance Due _____ Quarterly Installments _____ Monthly Installments

Terms & Conditions

Your bill will indicate the appropriate drafting date as well as amount once bills have been finalized. Billing periods are April and October. This form will not be accepted if not filled properly filled out or legible, please write carefully. If at anytime funds are declined, your account will be charged a fine of \$25. Late fees will accrue if the balance becomes overdue. An 8% penalty will be added at 30 days as well as 1% per month interested will be added going forward. Please be sure to sign and date this form.

I hereby authorize Royalton Fire District #1 to charge the above reference credit card account, or initiate debit entries by electronic means to the above referenced bank account. This authorization shall remain in effect until Royalton Fire District #1 has received written notification from the undersigned to terminate this agreement. I understand that I will be charged a return check/draft fee if a bank drafting is rejected for any reason, or if credit card use is declined and that any changes to this agreement must be submitted in writing to Royalton Fire District #1.

Signature: _____ Date: _____