

Village of Ruidoso
313 Cree Meadows Drive
Ruidoso, NM 88345
Fax # 575-258-4639

Automatic Payment Plan

I hereby authorize the Village of Ruidoso (Water Department) to initiate withdrawals from my designated account (Designated Account) at the financial institution named in this application, for payment of the monthly service bills attributed to my designated Water Department account number. The withdrawals are to be made on the due date of each monthly bill. I authorize my financial institution to charge such withdrawals to the Designated Account. I understand that the first draft on my designated account for payment of my service bill will occur on the due date of the first bill identified as an Automatic Payment Bill, and that I am responsible for delivering payment to the Water Department on or before the due date for all bills that I received prior to this. I understand that both the Water Department and financial institution reserve the right to terminate this plan and/or my participation therein. I also understand that the Village of Ruidoso's ordinances and conditions for providing service shall remain in effect and applicable hereto, as filed in the Utility billing ordinance for the Village of Ruidoso

Customer Information

Name on Water Account Billing

Village Account Number

Service Address

Social Security Number

Mailing Street Address and/or P.O. Box

Telephone Number

City, State and Zip Code

Financial Institution Information

Name of Financial Institution

Account Number

___Checking ___Savings

Customer's name as it appears on financial account

Branch Name/Branch Address and/or P.O. Box

Transit/ABA Routing Number

City, State and Zip Code

I agree to maintain in my Designated Account a balance available for immediate withdrawal in an amount sufficient to pay each monthly bill in full as it becomes due. I also agree to notify the Village prior to closing or changing my Designated Account. If funds are not available in my Designated Account, a \$30.00 service fee will be charged for all circumstances. I hereby represent and warrant to the Village that I am fully authorized to execute this agreement, permitting the Village to initiate withdrawals from my Designated Account, and I agree to protect and Indemnify the Village from any suits, claims or causes of action contesting my authority to do so or the Village's right to withdraw funds from my Designated Account in accordance herewith.

Authorized Signature

Authorized Signature

Date

Date

Toll-free 877-700-4343