

Welcome to RapidPay

To participate, please complete this form and return it to CRW at:

16770 SE 82nd Drive
P.O. Box 2439
Clackamas, Oregon 97015-2439



Customer Name

Customer Account Number

Service Address (as it appears on your bill)

City

State

Zip Code

I authorize Clackamas River Water to request deductions and the financial institution below to transfer payment in the amount of my monthly or bimonthly water bills to Clackamas River Water from my:

Please check one:

Checking Account

Savings Account

Please include a voided, blank check for checking withdrawal.

Bank Name

Account Number

Name(s) on Account

Authorized Signature

Date

Clackamas River Water reserves the right to deny or cancel participation in the RapidPay program.