



# SQUAW VALLEY PUBLIC SERVICE DISTRICT

305 Squaw Valley Road  
Post Office Box 2026  
Olympic Valley, CA 96146-2026

Phone: (530) 583-4692 Fax: (530) 583-6228

July 2011

Dear Customer,

In response to multiple requests from the public, the District now accepts credit card payments. In addition, we still offer a program by which your annual bill can be paid automatically by electronic fund transfer from your bank account. If you choose to participate, please fill in the form below and return it to the District. The bank will transfer the amount of your payment plan from your checking or savings account to the District's bank on the due date for the exact amount of the payment due. Please select the type of payment plan below by checking the appropriate box. We will send you a schedule of dates, and amounts that will be withdrawn. Monthly and quarterly payments will include a \$10.00 setup fee and a 1% per month interest fee. **Please note: the payment plan does not apply to credit cards.**

Direct Deposits returned by the bank for non-sufficient funds will be charged the normal check return charge of \$25.00.

**If you are currently participating in the automatic payment program, it will continue until the District is notified otherwise in writing.**

**Please do not use this area for credit card payments. See reverse side.**

PLEASE PRINT EVERYTHING BUT SIGNATURE  
**Authorization Form for Automatic Payment Program**

I hereby authorize the Squaw Valley Public Service District to initiate debit entries to my:

**Checking Account** or  **Savings Account**

indicated below and authorize the bank named below to debit the same to such account. The amount of the entry or entries shall be the amount that is billed by Squaw Valley Public Service District.

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Transit/ABA No. \_\_\_\_\_ Bank Account No. \_\_\_\_\_

**This authorization is to remain in full force and effect until SVPSD and BANK have received written notification from me of its termination at least 30 days prior to the next transaction date.**

Please set up a:

**Single Payment;**  **Quarterly Payment;**  **Monthly Payment for my account.**

Name \_\_\_\_\_ Customer Acct # \_\_\_\_\_  
Service Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK FOR CHECKING DEBIT or PRE-PRINTED DEPOSIT SLIP FOR SAVINGS ACCOUNT DEBIT**

**SEE REVERSE SIDE FOR CREDIT CARD PAYMENTS**



**CREDIT CARD AUTHORIZATION**  
*If paying by MasterCard, Visa or Discover fill out below*

**CHECK CARD USING FOR PAYMENT**



**VISA**



<b>CARD NUMBER</b>	<b>*VERIFICATION #</b>
<b>CARDHOLDER NAME</b>	<b>EXP. DATE</b>
<b>SIGNATURE</b>	<b>AMOUNT</b>
<b>BILLING ADDRESS FOR CARD</b>	<b>PHONE #</b>

\*3 digit number on back of credit card