

## **ELECTRONIC BILL PAYER SERVICE AVAILABLE**

### **Automatic Payment of Sewer Service Charges through Bank Account Deduction**

S.W. Suburban Sewer District customers requested that the sewer district offer auto deduct directly from customer's bank accounts for payment of their sewer bills.

We do offer this method of payment.

Please **fill out and return the attached agreement along with a blank voided check**. You **must pay in full** any current balance owing on your sewer bill prior to automatic payment activation. There will be a message on your *next* bill indicating that this service has been activated.

If any auto pay customer's payment is returned NSF, upon the second NSF return, that customer will be removed from the auto pay system. There is a \$20.00 NSF charge on all returns.

Thank you for your cooperation in this matter. If you have any questions or concerns please contact our office at (206) 244-9575.

Sincerely,

S W Suburban Sewer District

**Please attach a blank voided check with this form.**

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

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CUSTOMER NAME: \_\_\_\_\_ CUSTOMER  
ADDRESS: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
\_\_\_\_\_  
Cycle # \_\_\_\_\_

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I (we) hereby authorize Southwest Suburban Sewer District, hereinafter call SWSSD, to initiate electronic debit entries and adjustments for any debit entries in error to my (our):

Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

This authority will remain in full force and effect until SWSSD and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford SWSSD and Depository a reasonable opportunity to act on it.

_____	_____
Dated	Customer Phone Number
_____	_____
Financial Institution	Depository Name (Please Print)
_____	_____
Branch	Account Number at Financial Institution
_____	_____
City State Zip	Signature
_____	_____
Email Address: _____	Signature

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**BANK TRANSIT NUMBER**

**BANK ACCOUNT NUMBER**

**Please attach a blank voided check with this form.**