



AUTHORIZATION FOR AUTOMATIC PAYMENT (AUTOPAY)

Date:	Service Address:
Customer Name:	SLWSD Account Number:
Email Address:	Telephone Number:

I authorize Silver Lake Water and Sewer District to automatically withdraw from my account, as identified below and with the **voided blank check** copy attached to this form, for the amount due on my **next** bi-monthly or monthly utility bill. I also authorize the below named Financial Institution to accept Preauthorized Electronic Fund Transfers initiated by Silver Lake Water and Sewer District on a recurring basis. I certify that I am the property owner of the above listed property and I am an authorized signatory for the financial institution account provided to the District for Autopay. Customers requesting Autopay from a savings account must provide either a pre-printed deposit slip or a letter from your financial institution acknowledging you are an authorized signatory on the account.

I understand that Autopay payments will be withdrawn from my account on the utility bill's due date, or depending on weekends and holidays, up to three days later. Typically, the transfer date will be fifteen days after your utility bill is provided to you. I understand that if I dispute the amount billed, I must contact the District three days prior to the utility bill's due date to stop the scheduled payment.

I understand that I will continue to receive my regular water and sewer bills with a notation of the bill's due date and the account's Autopay status printed on the bill. Autopay is a recurring service and cannot be used for a one time automatic payment and **Autopay payments cannot be re-scheduled for another payment date**. I understand that I can cancel Autopay or change my account information by writing the District or emailing service@slwsd.com at least three days prior to my next scheduled Autopay payment date.

I understand I am responsible to ensure sufficient funds are available in my bank account at the time of the Autopay payment. If my Autopay payment is returned by the bank for any reason, I will be charged a returned item fee and I will be removed from the Autopay program.

I understand that if an erroneous withdrawal occurs, I must contact both my Financial Institution and Silver Lake Water and Sewer District to notify them of the error. The District shall have up to ten (10) business days from my initial contact to research and respond to a customer's notice of an error. The District may require the customer to provide a written explanation of the Autopay payment error.

I certify under penalty under the laws of the State of Washington that the statements and information provided by me are true and correct.

Financial Institution Name:	
_____ Financial Institution (ABA) Routing Number	_____ Financial Institution Account Number
Customer Signature:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Please Attach a Voided Blank Check (Not Deposit Slip) to this Application