

1510 228th Avenue SE, Sammamish, WA 98075 425.392.6256 ■ spwater.org

AUTOMATIC PAYMENT PROGRAM AUTHORIZATION AGREEMENT **Customer Name Account Number** Service Address City State Zip I (we) hereby authorize the Sammamish Plateau Water and Sewer District (District) to initiate debit entries to the checking account or savings account indicated below for all water, sewer streetlights and other charges at the above service address and the Financial Institution named below to accept any withdrawals initiated by the District. Financial Institution Branch State Zip City Transit/ABA No. Account No. Please indicate account type: Checking Savings Please indicate which day of the month you prefer your □ 15th 30th withdrawal. We will confirm your withdrawal date. This authorization is to remain in full force and effect until the District and the Financial Institution have received notification from me (or either one of us) of its termination in such time and in such manner as to afford the District and the Financial Institution a reasonable opportunity to act upon the requested termination. Signature Date Signature Date

PLEASE ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT OR A DEPOSIT SLIP FROM YOUR SAVINGS ACCOUNT. THANK YOU FOR SIGNING UP FOR OUR AUTOMATIC PAYMENT PROGRAM!