

Soos Creek Water & Sewer
District Attn: Billing Department
14616 SE 192nd St
Renton, WA 98058
(253) 630-9900

**AUTHORIZATION AGREEMENT
SOOS AUTOMATIC PAYMENT PROGRAM**

Customer Name _____ Soos Creek Account No. _____

Service Address _____
Street City Zip

I (we) hereby authorize Soos Creek Water and Sewer District (DISTRICT) to automatically withdraw from my (our) checking or savings account, identified below, the amount stated on my (our) bi-monthly statement for all water, sewer, and/or street light charges at the above service address and the FINANCIAL INSTITUTION named below to accept such withdrawals initiated by the DISTRICT. The withdrawals shall be made from my (our) checking or savings account 20 days after the billing date on my (our) bi-monthly statement.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____ Phone _____

Transit/Routing No. _____ Account No. _____

Checking or Savings
(Circle one)

This authorization is to remain in effect until the DISTRICT has received written notification from me (or either of us) of termination in such time as to afford the DISTRICT and the FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) am aware of my right to stop payment of a withdrawal by notifying the FINANCIAL INSTITUTION at any time up to three business days before the withdrawal date. If an erroneous withdrawal occurs and I (we) notify the FINANCIAL INSTITUTION of the error within 60 days of the issuance of my (our) FINANCIAL INSTITUTION's account statement, the FINANCIAL INSTITUTION must investigate and resolve the error within 45 days of notification.

Print Name _____ Phone _____ Date _____

Signature _____ Additional Signature _____
On Account _____

**ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT OR A DEPOSIT SLIP FROM
YOUR SAVINGS ACCOUNT.**