



PO Box 55367
1519 NE 177th St.
Shoreline, WA 98155
(206) 362-8100
(206) 361-0629 FAX

Direct Debit Information

The Shoreline Water District is pleased to now offer ACH (Automatic Clearing House) debit to our customers. There is no cost to apply and no charge is added to your bill for this service.

This method of payment automatically pays your utility bill directly from your bank account without the use of paper checks. After signing up for this payment option you will still receive a utility bill, but the payment of your bill will be handled automatically. Payment will be deducted from your bank account approximately two days prior to the due date shown on your statement.

- If you wish to enroll, complete the authorization form, enclose a voided check and mail the form and the voided check to:

Shoreline Water District
PO 55367
Shoreline, WA 98155

- The debit authorization must be received at least 15 days prior to your next billing date.
- You will continue to receive a utility bill which will reflect the amount due and the due date when your account will be debited but will include the statement “Automatic Withdrawal” printed in the amount due box.
- If your payment is dishonored or returned the amount of the payment plus the normal returned item fee and any applicable late charges will be added to your account.
- The ACH debit will remain in effect until one of the following occurs:
 - a) You cancel your direct debt authorization by notifying us **in writing** at least two weeks prior to the next billing date.
 - b) A request for a final bill is received by our office. ACH debit cannot be used for final bills.
 - c) We receive notice from the bank of insufficient funds.
 - d) We receive notice from the bank of customer account changes such as an account closed.

Please retain a copy of your signed application for your records. Should you have any questions regarding the direct debit program, please contact our office at (206) 362-8100.

Shoreline Water District



**Shoreline Water District
Authorization Agreement for Direct Payment**

I authorize the Shoreline Water District to automatically withdraw funds from my () checking () savings account (select one) named below, and the financial institution named below to pay my utility bills directly to the Shoreline Water District. I require no additional notices prior to action being taken on this authorization.

PLEASE PRINT

Customer Information: Customer Account Number: _____ Phone Number: _____ Service Address: _____ Names on Account: _____
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Bank Account information: Bank Account Number: _____ Routing# (9 digits preceding account number): _____
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Bank Information: Bank Name: _____ Branch: _____ City, State: _____
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This authorization is to remain in full force and effect until Shoreline Water District has received written notification from me of its termination in such manner as to afford the Shoreline Water District a reasonable opportunity to act on it.

The District will terminate this agreement upon receipt of a request for a final bill or notification from the bank of insufficient funds or reversal due to customer account changes. If the bank notifies the District of insufficient funds or a reversal, your water service account will be charged the current Non-Sufficient Funds fee as set forth by the District's policy.

Customer Signature: _____

Date: _____

PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT IDENTIFIED ABOVE
