



Finance Department
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 UB@issaquahwa.gov

AUTHORIZATION AGREEMENT
ISSAQUAH AUTOMATIC PAYMENT SERVICE

PLEASE PRINT

Customer Name: _____

Service Address: _____

Water/Sewer Account Number: _____

I/we hereby authorize the CITY OF ISSAQUAH 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, tax and/or stormwater fees at the above service address and the FINANCIAL INSTITUTION named below to accept such withdrawals initiated by the CITY. The withdrawal shall be made from my/our checking or savings account on the due date, the 20th day of the month next succeeding the end of the billing period declared on the bi-monthly statement.

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Transit/Routing No.: _____ Account Number: _____

Withdraw funds from (check only one): Checking Savings

Your bill will acknowledge you are set up on autopay when the word "autopay" appears in the amount due box in the bottom right hand corner of the bill. You will need to pay the bill until the word "autopay" appears in the amount due box.

This authorization is to remain in effect until the CITY has received notification from me (or either of us) of termination in such time as to afford the CITY and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signature: _____ Date: _____

Additional Signature

On Account: _____ Date: _____

ATTACH A VOIDED CHECK FOR CHECKING OR DEPOSIT SLIP FOR SAVINGS ACCOUNT TO THIS FORM

Form may be emailed to UB@Issaquahwa.gov