



Ronald Wastewater District
17500 Midvale Ave N
Shoreline, Washington 98133-4905
(206) 546-2494 • Fax (206) 801-2787
www.ronaldwastewater.org

**AUTOMATED CLEARING HOUSE (ACH)
PAYMENT AUTHORIZATION AGREEMENT**

Customer Name _____ Account # _____

Service Address _____

I (we) authorize Ronald Wastewater District to automatically withdraw from my (our) checking or savings account, identified below, the funds to pay my (our) wastewater utility bill for the above service address. I (we) authorize the financial institution named below to allow said withdrawal initiated by the District. The withdrawal shall be made from my (our) checking or savings account **five (5) business days before the due date on my (our) billing statement.**

Financial Institution _____ Branch _____

City _____ State _____ Zip _____ Phone _____

Routing Number _____ Account Number _____

Checking or Savings (Circle one)

This authorization is to remain in effect until the District has received written notification from me to discontinue this payment plan at least ten (10) business days prior to the 25th.

Print Name _____ Date _____

Phone _____ E-Mail _____

Signature _____ Signature _____

Attach a voided check from your checking account or a withdraw slip from your savings account in the box below or a bank confirmation letter.