VALLEY WATER DISTRICT

14515 Pioneer Way E
Puyallup WA 98372
253-841-9698
www.valleywaterdistrict.com

ACH Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION ___ **Owner**

Name: _____

Service Location: _____

Account No: _____

E-mail Address: _____

Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Location (City State): _____

Bank Routing/Transit No: _____

Name on Bank Account: _____

Account Type: ☐ CHECKING ☐ SAVINGS

Bank Account No: _____

Your account will be debited on the 10th day of the month (or next business day) following the bill date, for the actual amount due. VALLEY WATER DISTRICT reserves the right to cancel, without further notice, future ACH transfers due to repeated non-sufficient funds occurences.

I (we) authorize VALLEY WATER DISTRICT to initiate a charge entry to my (our) checking/savings account at the Financial Institution indicated above, and initiate adjustments (if necessary) for any transactions charged or credited in error. This authority will remain in effect until VALLEY WATER DISTRICT is notified by me (us) in writing to cancel no less than 15-days prior to the bill date before the next scheduled draft.

I certify that the information above is correct and that I am an authorized signer of the account provided for ACH transaction.

_____
Print Authorized Name

_____
Authorized Signature Date

PLEASE ATTACH EITHER
A VOIDED CHECK
if drafting from a checking account
OR A DEPOSIT SLIP
if drafting from a savings account

Request to commence ACH Draft must be dated and submitted no less than 15-days prior to the bill date for which payment is to be drafted.