



Re: Automated Clearing House (ACH) Payments

Dear Utility Customer,

The City of Bainbridge Island is accepting ACH payments. This means that we may withdraw the amount of your regular monthly water and/or sewer utility bill directly from your checking or savings account on the 20th of each month or if the 20th falls on a weekend or Federal holiday, we will withdraw the funds on the next available business day. There are no extra costs or fees for you to do this.

If you elect to use this service, please complete the form and **attach a voided check** or draft from depository (bank.) All your banking information will be kept confidential.

Please monitor your bank account and make sure that the first bill is paid. If your account does not have sufficient funds, you will be charged NSF charges. **If you are in a delinquent status, please call our office about setting up this service.**

If you have any questions about this process or how to sign up, please call me at (206) 780-8603. Thank you for your patience with us as we strive to improve and better meet your expectations for our service to you.

Sincerely,

Christy Shipman
Utility Billing and Accounts Receivable

Date entered:

Verified:



AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize the CITY OF BAINBRIDGE ISLAND to initiate debit entries to my/our account at the DEPOSITORY (identified below); for the purpose of accomplishing the following preauthorized payments:

AMOUNT: An amount equal to the "Total Due" on my billing statement. I will receive my normal bill. It is my responsibility to make sure I have sufficient funds to cover this transaction. If there is a question in the bill amount, it is my responsibility to call the Utility Billing department by the 15th of the month to stop the charges from being withdrawn.

FREQUENCY: Monthly on the 20th or the next business day thereafter.

NOTE: Changes may not take effect the same month they are received.

It is my responsibility to watch my bank account to make sure the automatic debit starts.

DEPOSITORY _____

NAME: _____

BRANCH: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ (Voided check/draft attached)

ACCOUNT NUMBER: _____ CHECKING SAVINGS

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until the City of Bainbridge Island has received written notification from me of its termination in such time and in such manner as to afford the City of Bainbridge Island and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Print or Type): _____

Utility Billing Account # _____

Service Address _____ Bainbridge Island, WA 98110

Mailing Address _____

Email Address _____

Phone Number(s) home _____ cell _____ work _____

(Signature) _____

(date) _____

Date entered:

Verified: