

AUTHORIZATION FORM ELECTRONIC BILL PAYMENT (EFT)

I (we) hereby authorize **Samish Water District** to initiate entries to my checking account at the Financial Institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until **Samish Water District is notified by me (us) in writing** to cancel or make changes to it, in such time as to afford **Samish Water District** a reasonable opportunity to act on it.

(Name of your Financial Institution)

(Branch, City, State of your Financial Institution)

(Name-PLEASE PRINT)

(Telephone)

(Site Address-PLEASE PRINT)

(Email Address)

Checking Account (Please attach a voided check)

(Account Number)

(Routing Number)

Check here if you (do not) want to receive a monthly statement.

X

(Signature)

(Date)

(2nd Signature on Account – if any)

(Date)

There are no fees for becoming an online banking customer. To avoid late fees, NSF fees and possible discontinuation of this program, please make sure your banking information is correct and that funds are available in your account by the 25th day of each month. Payments will be deducted by the last business day of the month.

Any questions, please contact the District Office at (360) 734-5664, Monday through Friday, 8:00 a.m. to 4:30 p.m.