



City of Port Orchard
 216 Prospect Street
 Port Orchard, WA 98366
 Telephone (360) 876-4407
 Fax (360) 895-9029

Automatic Withdrawal Authorization Form

A. Customer Information

 Customer Name

 Telephone Number

 Mailing Address

 Account Number

 City, State, Zip

 Service Address

B. Bank / Financial Institution Information

 Name of Bank / Financial Institution

 Phone Number of Institution

 Address

 Account Number

 City, State, Zip

 Bank ABA / Routing Number

CHECK ONE: Checking Savings

C. Authorization Statement

I (we) hereby authorize the City of Port Orchard to automatically withdraw from my (our) account, the total amount due as stated on my (our) bi-monthly billing statement for all charges at the above service address. I (we) understand that a credit / deposit may be processed to correct or amend any incorrect amount previously processed. The withdrawals shall be made from my (our) account within approximately ten (10) days after the billing date. I may terminate this agreement at any time by following the procedures established by the City of Port Orchard.

I authorize the Financial Institution named above to accept such transactions initiated by the City. The City may terminate this agreement upon notification from the bank of insufficient funds or closed account. In that event, my utility account will be charged the City's NSF service charge.

This authorization is to remain in effect until the City has received written notification from me (us) of termination, in such time as to afford the city a reasonable opportunity to act on it. I (we) am aware of my right to stop payment of withdrawal by notifying the City up to three (3) business days before the withdrawal date. I (we) am also aware it is my (our) sole responsibility to notify the City of changes to my (our) account information.

 Utility Customer Signature

 Date

**PLEASE ATTACH A VOIDED CHECK
 ATTACH DEPOSIT SLIP FOR SAVINGS ACCOUNT WITHDRAWALS**