

Whatcom County Water District #2
1615 Bayon Rd., Bellingham, WA 98225
360-733-5770

**AUTHORIZATION & ENROLLMENT REQUEST
AUTO PAY WITHDRAWAL FORM**

CUSTOMER NAME _____

SERVICE ADDRESS _____ CITY _____ ZIP _____

Please establish the plan for my What. Co. Water Dist. #2 Account No. _____

I (we) hereby authorize Whatcom County Water District #2 to automatically withdraw from my checking/savings account identified below the total amount due on my billing statement. I authorize the financial institution named below to accept such transactions initiated by Whatcom County Water District #2. The withdrawal shall be made from my account by the due date indicated on the What. Co. Water Dist. #2 billing statement. I understand that if payment is not honored by my financial institution, a \$30.00 service fee and any applicable interest and penalty will be assessed. In addition, my AUTO PAY enrollment will be canceled.

FINANCIAL INSTITUTION _____ DATE _____

ROUTING NO. _____

(The routing number is the first 9 digits of the encoded line on the bottom of your checks.)

CHECKING/SAVING ACCOUNT NO. _____

A voided check is required for enrollment.

PRINT NAME _____ DAYTIME PHONE NO. _____

SIGNATURE _____ EMAIL _____

To our Canadian Customers:
If you bank in the United States, this service is available to you as well.