



Ronald Wastewater District
17505 Linden Avenue North – P. O. Box 33490
Shoreline Washington 98133-0490
(206) 546-2494 Fax (206) 546-8110
www.ronaldwastewater.org

**AUTOMATED CLEARING HOUSE (ACH)
PAYMENT AUTHORIZATION AGREEMENT**

Customer Name _____ RWD Account No. _____

Service Address _____

I (we) authorize Ronald Wastewater District (District) to automatically withdraw from my (our) checking or savings account, identified below, the funds to pay my (our) wastewater utility bill for the above service address. I (we) authorize the financial institution named below to allow said withdrawal initiated by the District. The withdrawal shall be made from my (our) checking or savings account **five (5) business days before the due date on my (our) billing statement.** Payment is processed on the 25th day of the month or the first business day thereafter if the 25th falls on a weekend.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____ Phone _____

Transit/Routing No. _____ Account No. _____

Checking or Saving (Circle one)

This authorization is to remain in effect until the District has received written notification from me to discontinue this payment plan at least ten (10) business days prior to the 25th.

Print Name _____ Date _____

Phone _____ E-mail _____

Signature _____ Signature _____

**Attach in the box below a voided check from your checking account
or a withdraw slip from your savings account.**