



**Ronald Wastewater District**  
17500 Midvale Ave N  
Shoreline, Washington 98133-4905  
(206) 546-2494 • Fax (206) 801-2787  
www.ronaldwastewater.org

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

Customer Name \_\_\_\_\_ Account # \_\_\_\_\_

Service Address \_\_\_\_\_

I (we) authorize Ronald Wastewater 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.**

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Checking or Savings (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 25<sup>th</sup>.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**Attach a voided check from your checking account or a withdraw slip from your savings account in the box below or provide a bank confirmation letter**