

Utility Billing

2010 Automatic Payment Form



I (we) hereby authorize Silverdale Water District to initiate an automatic withdrawal from my (our) account, indicated below, the amount on my (our) water bill. The depositor named below is authorized to accept such withdrawals. This authorization is to remain in effect until Silverdale Water District has received written notification from me (us) of its termination in such time and manner as to provide Silverdale Water District and the depository a reasonable opportunity to act upon it (30 days).

Name					
Account No.					
Billing Address					
City		State		Zip	
Phone No.					

Depository Name					
Branch					
City		State		Zip	
Routing No.					
Account No.					
Checking		Savings		Other	

Signature		Date	
Signature		Date	

Please attach a cancelled check and return to:

Silverdale Water District
 5300 NW Newberry Hill Road, Suite 100
 Silverdale, WA 98383

Automatic payment will be withdrawn from the above designated account between the 10th and the 12th of the month payment is due.