



1106 Vernon Rd., #A, Lake Stevens, WA 98258
(425)334-8588 Fax (425)335-5947
website: www.lkstevenssewer.org

Mission Statement: Meeting the challenge of protecting the environment and providing quality sewer service to the community.

DEBIT AUTHORIZATION FORM

I (we) _____ hereby authorize *The Lake Stevens Sewer District* to initiate a CHARGE entry to my (our) checking/savings account at the Financial Institution below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until *The Lake Stevens Sewer District* is notified by me (us) in writing to cancel it in such time as to afford *The Lake Stevens Sewer District* and Financial Institution a reasonable opportunity to act on it.

Any ACH transaction returned by your bank will be subject to our NSF Fee of \$30.00.*

The Lake Stevens Sewer District will charge your account on the 25th of the month.
(If the 25th falls on a weekend or holiday, we will charge your account on the next business day.)

_____ OWNER

_____ TENANT

Customer Information

Financial Institution Information

Customer Name (Please Print)

Name of Financial Institution

Customer Phone Number

Location (City, State)

Customer Signature

Financial Institution's Routing/Transit Number
(Look between symbols " | : | " on your check)

Date (mm/dd/yyyy)

Checking Account OR Savings Account Number

Start ____/____ (month/year)

Lake Stevens Sewer District Account #(s) _____, _____, _____, _____

PLEASE ATTACH A VOIDED CHECK

* - Fee is subject to change