



City of Port Orchard
216 Prospect Street
Port Orchard, WA 98366
Telephone (360) 876-4407
Fax (360) 895-9029

Automatic Withdrawal Authorization Form

A. Customer Information

Customer Name (on Bank Account)

Telephone Number

Mailing Address

Utility Account Number

City, State, Zip

Service Address

B. Bank / financial institution Information

Name of Bank / Financial Institution

Phone Number of Institution

Address

Account Number

City, State, Zip

Bank ABA / Routing Number

Check One:

☐

Checking

☐

Savings

Select Account Type:

Personal

Commercial

C. Authorization Statement

I (we) hereby authorize the City of Port Orchard to automatically withdraw from my (our) account, the total amount due as stated on my (our) bi-monthly billing statement for all charges at the above service address. I (we) understand that a credit / deposit may be processed to correct or amend any incorrect amount previously processed. The withdrawals shall be made from my (our) account within approximately ten (10) days after the billing date. I may terminate this agreement at any time by following the procedures established by the City of Port Orchard.

I authorize the Financial Institution named above to accept such transactions initiated by the City. The City may terminate this agreement upon notification from the bank of insufficient funds or closed account. In that event, my utility account will be charged the City's NSF service charge.

This authorization is to remain in effect until the City has received written notification from me (us) of termination, in such time as to afford the city a reasonable opportunity to act on it. I (we) am aware of my right to stop payment of withdrawal by notifying the City up to three (3) business days before the withdrawal date. I (we) am also aware it is my (our) sole responsibility to notify the City of changes to my (our) account information.

Utility Customer Signature

Date

PLEASE ATTACH A VOIDED CHECK

ATTACH DEPOSIT SLIP FOR SAVINGS ACCOUNT WITHDRAWALS

CITY USE ONLY:

Date:

By:

Date:

By:

Received: _____

Bank Setup: _____ Bank Code: _____

Acct. Entered: _____

Pre-Note: _____