



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

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

DEBIT AUTHORIZATION FORM (ACH)

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. If returned to our office by the 19th of any month it can start that month. Any ACH transaction returned by your bank will be subject to our Return Check 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

If you would like to receive a confirmation please supply your e-mail address:

Email Address: _____

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 ____/____ (mm/yy)

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

PLEASE ATTACH A VOIDED CHECK

* Fee is subject to change