King County Water District 90 Automatic Payment Plan Application Form



	AUTE	HORIZATION AGREEME	NT	
Customer Name			Acct No	
Service Address				
	City	State	Zip	
Phone .		Email		
checking or savings acco water and street light cha to accept such withdrawa	unt (identified below) rges at the above ser Is initiated by the DIS	strict 90 (DISTRICT) to automat), the amount stated on my (our) rvice address and the FINANCI STRICT the withdrawals shall be te on my (our) bi-monthly stater) bi-monthly statement for all AL INSTITUTION named bel e made from my (our) checkir	low,
Financial Institution		Bra	inch	
Transit/Routing No.		Account	No	
us) of termination in such	main in effect until th time as to afford the	ne DISTRICT has received writt	en notification from me (or e L INSTITUTION a reasonabl	ither of
us) of termination in such opportunity to act on it. I (FINANCIAL INSTITUTIO withdrawal occurs and I (my (our) FINANCIAL INS resolve the error within a I understand and authoriz dishonored for insufficien	main in effect until the time as to afford the (we) am aware of my N at any time up to t (we) notify the FINAN STITUTION's accoun reasonable amount ze that should any of at funds (NSF), the an	ne DISTRICT has received writt e DISTRICT and the FINANCIA y right to stop payment of a with three business days before the NCIAL INSTITUTION of the error th statement, the FINANCIAL IN	en notification from me (or e L INSTITUTION a reasonabl drawal by notifying the withdrawal date. If an erron or within 60 days of the issua ISTITUTION must investigat	ither of le eous ance of te and
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