

Woodinville Water District
17238 NE Woodinville/Duvall Rd
P.O. Box 1390
Woodinville, WA 98072-1390
(425) 483-9104

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize Woodinville Water District, hereinafter called COMPANY, to initiate debit entries to my (our) checking or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY

NAME: _____ **BRANCH:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ABA NO. _____ **ACCOUNT NO.** _____

Checking

Savings

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Cust. # _____
(Please Print)

Date: _____ Signature: _____

Signature: _____

Please enclose a "VOIDED" check or savings deposit slip with your application form.

For Office Use Only	
Cust. # _____	
Credit <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
<input type="checkbox"/> Pre-Note	RT # _____