



Regional Stormwater Program

P.O. Box 160

135 2nd Street

Asotin, WA 99402

509-243-2074

www.asotincountystormwater.com

Fax 509-243-2003

Dear Customer:

Asotin County Regional Stormwater Program now offers the convenience of **Automatic Payment Service**. To participate, just complete the authorization form below and return it along with a voided check with your next payment. With your authorization, payment for your stormwater bill will automatically be deducted from your bank account. You can choose between annual, quarterly or monthly payments. You will continue to receive a quarterly statement for your records unless you pay annually.

For more information contact Lori Landrus at 243-2074.

AGREEMENT FOR PREAUTHORIZATION DEBIT

I hereby authorize Asotin County Regional Stormwater Program (RSP) to initiate automatic withdrawals from my bank account at the financial institution named below. I also authorize RSP to make deposits to this account in the event that a debit entry is made in error. Further, I agree not to hold RSP responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution, or due to an error on the part of my financial institution in withdrawing funds from my account. This agreement will remain in effect until RSP receives a written notice of cancellation from me or my financial institution. I understand that this agreement is void if at any time non-sufficient funds are available from my financial institution, or by decision of RSP. RSP will notify me as soon as possible of such cancellation. I understand that I will receive no further statement for these withdrawals, and it is my responsibility to notify RSP of any discrepancies regarding the automatic debit.

Personal Information		Bank Information
Name:		Bank Name:
Address (street, city, state):		Branch Location:
Home Phone #	Work Phone #	Bank Phone #
Stormwater Account No.:		Routing #:
Payment Frequency (select one):		Account #:
<input type="checkbox"/> Okay monthly payments on the 5th _____ of the month <input type="checkbox"/> Quarterly payments on the billing due date. <input type="checkbox"/> Annual payments on the 10 th of January		Account Type: Checking _____ Savings _____

Signature: _____ Date: _____

Return this form to: Regional Stormwater Program
PO Box 160
Asotin, WA 99402

Remember to attach your payment and a voided check.



Serving: Asotin County



City of Asotin



City of Clarkston