

Regional Stormwater Program



Reoccurring Payment Authorization Form

For your convenience, Asotin County Regional Stormwater Program offers automatic payment of your stormwater fee through Xpress Bill Pay. Payments can be set up monthly, quarterly, or annually to be automatically deducted from your credit card, debit card, or bank account. If set up quarterly, payments will be automatically deducted five (5) days before the invoice due date. You will continue to receive a quarterly statement unless you pay annually.

To participate, please review and complete the authorization form below.

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.

Customer/Company Information

Name: _____	Stormwater Account Number: _____
Property Address _____	Payment Frequency: Monthly Quarterly Annual
Street _____ City _____ Zip _____	State Date*: _____
Phone: _____	* Payments are automatically deducted five (5) days prior to the monthly, quarterly, and annual due dates unless an alternative date is specified.
E-mail (optional): _____	

Bank Information

Bank Name: _____ **Attach VOIDED Check** Account Type: Personal Commercial

Credit Card Information

Card Number: _____ Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____

Please sign, mail, or hand deliver completed forms to: Asotin County Regional Stormwater Program
135 2nd Street, Floor 3
Completed forms can also be emailed to smurt@asotincountywa.gov PO Box 160
Asotin, WA 99402

For more information, please contact the Stormwater Clerk at 509-243-2071.

