



County of Asotin

# Regional Stormwater Program

P.O. Box 160

135 2<sup>nd</sup> Street

Asotin, WA 99402

509-243-2071

[www.asotincountystormwater.com](http://www.asotincountystormwater.com)

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 with your signature. Payment for your stormwater bill will automatically be deducted from your bank account or credit card. 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 our stormwater clerk at 509-243-2071 extension 1431.

## 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: <b>Attach VOIDED Check</b>
Address (street, city, state):	Personal: _____ Commercial: _____
Email:	<b>Phone #</b>
<b>Phone #</b>	
Stormwater Account Number:	
Payment Frequency (select one):	Credit Card Information
<input type="checkbox"/> Monthly payments <input type="checkbox"/> Quarterly payments <input type="checkbox"/> Annual payments	Credit Card Number: _____ Expiration Date: _____ Security Code: _____

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:



City of Clarkston

Serving:

