



## Sammamish Plateau Water and Sewer District

1510 228<sup>th</sup> Avenue SE  
Sammamish WA 98075  
Phone: 425-392-6256 Fax: 425-391-5389  
e-mail: [billing@sammplat.wa.org](mailto:billing@sammplat.wa.org)

**Per your request; Please find attached the Automatic Payment Program Authorization Agreement. Once the form is filled out and returned to us, we will get your account set up to be paid automatically from either your checking or savings account according to the date you have chosen.**

**It will be your responsibility to review your bill and make sure that there are adequate funds available in your account to avoid any non-sufficient fund fees. Please make sure to choose a payment date (15<sup>th</sup> or 30<sup>th</sup>) that is not so close to your billing/due date that could cause your payment to be late. For example, if your bill is normally due around the 12<sup>th</sup> or 17<sup>th</sup>, choose payment withdrawal date of the 30<sup>th</sup>.**

**If you have an outstanding balance on your account, please make payment as usual. You will be receiving a confirmation letter with a start date for your first automatic payment once your application has been returned to us.**

Please let me know if you have any questions.

Thank you,

Customer Billing



# Sammamish Plateau Water and Sewer District

1510 228<sup>th</sup> Avenue SE  
Sammamish WA 98075  
Phone: 425-392-6256 Fax: 425-391-5389  
e-mail: billing@sammplat.wa.org

## **AUTOMATIC PAYMENT PROGRAM AUTHORIZATION AGREEMENT**

Customer Name: \_\_\_\_\_ Cust#: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) hereby authorize Sammamish Plateau Water and Sewer District (DISTRICT) to initiate debit entries to my (our) checking account or savings account indicated below, for all water, sewer, street lights and other charges at the above service address and the FINANCIAL INSTITUTION names below to accept such withdrawals initiated by the DISTRICT.

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Checking                       Savings  
(Please indicate which account)

15TH                               30TH  
(Please indicate which day of the month)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT OR A  
DEPOSIT SLIP FROM YOUR SAVINGS ACCOUNT.**