

# Automatic Payment Plan Application

PLEASE PRINT

Customer Name: \_\_\_\_\_

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

Daytime Phone #: \_\_\_\_\_ Water Co. Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Please complete one:

Checking Account # \_\_\_\_\_ OR  
(Attach a voided check)

Savings Account # \_\_\_\_\_ Routing # \_\_\_\_\_  
(Attach a voided savings deposit slip. If you use a savings slip, please call your bank for the routing number they need to process an ACH transaction. Write the routing number above on the deposit slip you provide our office.)

## AUTOMATIC PAYMENT AUTHORIZATION AND ENROLLMENT REQUEST

I authorize the Camano Water Association to withdraw a variable sum from the designated checking or savings account for payment of the amount due on my bill each billing cycle, and to make necessary deposits for any corrections. I further authorize the financial institution named in this request to schedule such transactions initiated by the Camano Water Association to be paid on the due date set forth on each water bill. If my account is delinquent or I have an existing balance at the time I sign up for Automatic Payment, I understand said balances will be paid by Automatic Payment from the financial institution account named in this request as well. I understand I should continue to pay by check or cash until my water bill indicates payment will be deducted from my financial institution account. PLEASE COMPLETE FORM ON BACK AND THEN RETURN TO THE CAMANO WATER ASSOCIATION.

**THE PAYMENT WILL BE PROCESSED ON THE 20TH OF THE BILLING MONTH. IF THIS IS A WEEKEND OR HOLIDAY, IT WILL BE THE FOLLOWING BUSINESS DAY.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Payment Made Easy!**

CAMANO WATER ASSOCIATION

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