

**SPANAWAY WATER COMPANY****ACH AUTHORIZATION FORM****Purpose of Authorization: (check one)**☐ **New Authorization**

(complete A, B, C and F)

☐ **Change to Existing Authorization**

(complete A, B, D and F)

☐ **Cancellation**

(complete A and E)

**A. Customer Information\*****\*Note: Funds will be deducted on the due date printed on your statement.**

Spanaway Water Company Account # \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**B. Banking/Financial Institution Information\***

Name of Bank/Financial Institution \_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_

Bank ABA/Routing # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

☐ **Checking**☐ **Personal**☐ **Business****\*CHOOSE ONE OF THE FOLLOWING OPTIONS:****C. New Authorization Statement**

I authorize and request Spanaway Water Company and the financial institution listed above to initiate electronic debit entries, and if necessary, credit entries and adjustments for any errors to my account. I also understand I may discontinue this authorization at any time by giving written notice to Spanaway Water Company.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**D. Change Authorization Statement**

I authorize and request Spanaway Water Company to make the changes indicated on this form for automatic withdrawal to my account.

NOT USED FOR SET-UP, USED TO CHANGE ACH ONLY

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**E. Cancellation Statement**

I request Spanaway Water Company to terminate my authorized automatic withdrawal to my account. I will allow a reasonable time for Spanaway Water Company to act upon my request to terminate this agreement.

NOT USED FOR SET-UP, USED TO CANCEL ACH ONLY

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*INDICATES REQUIRED FIELD****F. Attach a Voided Check. Please attach an unsigned check with void written across the check.**