

**Union Hill Water Association
Automatic Payment Authorization**

With Electronic Funds Transfer, you will receive your utility bill as an Ebill. **The payment date will be the “due date” on your billing statement, if the due date falls on a weekend or holiday payment will be drafted on the next business day. It should be noted that the due date is the 5th each month.** The amount automatically deducted from your bank account on the payment date will be the “amount due” shown on your bill.

If you have any questions, please call the Association office at 425-497-1812.

Information about you:

Customer Name: _____
Customer Account Number: _____ Phone Number: _____
Service Address _____
E-mail address* _____

***ACH customers receive their monthly bill via Ebill**

Information regarding your bank:

Bank Name (Depository) _____
Routing No (9 digits preceding account number): _____
Bank Account Number: _____
Name(s) as it appears on the account _____
(must match Customer Name above)

Payment Option:

Billed Amount Fixed Amount \$ _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize Union Hill Water Association, hereinafter called ASSOCIATION, to initiate debit entries to my (our) bank account at the bank indicated above, hereinafter called DEPOSITORY. This means that the ASSOCIATION is fully authorized to automatically pay, without notice, the balance of my water bill, including penalties, fees and charges, and interest, as may be applicable, with funds from my bank account listed above during each UHWA billing cycle, on the due date of each invoice, which may vary from month to month as explained in this form. If debit entries are rejected or the Association is charged fees or costs by reason of nonpayment for any reason, I agree that all such fees and costs shall be added to my account and treated the same as charges for water. If the Association adopts reasonable rules regarding electronic funds transfer, automatic payments, or Automated Clearing House (ACH) I agree to comply with such rules.

This authorization shall remain in full effect until ASSOCIATION and DEPOSITORY have received written notice from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Association may also terminate this agreement on five-day notice to customer.

The effective date of your electronic payment will be the next billing cycle. The ASSOCIATION does not sell or transfer to third parties Customer's confidential information contained in this form except as necessary to carry out the authorization granted hereunder. In the event of a dispute regarding this agreement, the unsuccessful party shall pay the successful party's attorney fees.

Signature

Date

Return Form by mail to: UHWA
5020 – 236st Avenue NE
Redmond, WA 98053

Return by email: customerservice@uhwa.org

Return by Fax: 425-497-8831