



Birch Bay Water and Sewer District

Serving the Greater Birch Bay Area Since 1968

PHONE: (360) 371-7100 (24 hrs)
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office@bbwsd.com

COMMISSIONERS

Don Montfort
Jeff Benner
Fred Reid

GENERAL MANAGER
Dan Eisses

AUTHORIZATION AND ENROLLMENT FORM AUTOMATIC FUNDS TRANSFER

Customer Name _____

Billing Account Number _____

Service Address _____

I hereby authorize Birch Bay Water & Sewer District to automatically withdraw from my account identified below, the total amount due on my water, and sewer utility bill statement. I authorize the US Financial Institution named below to accept such transactions initiated by Birch Bay Water & Sewer District. The withdrawals shall be made from my account on the due date or on the next business day following.

This authorization shall remain in effect until Birch Bay Water & Sewer District has received written notification from me (either of us) of termination thirty (30) days before the withdrawal date.

US Financial Institution Name _____

Branch _____ Branch Phone _____

Type of Account Checking Savings

ABA/Transit # _____ Account # _____

(First 9 numbers on the bottom of the encoded line
of the check or withdrawal slip issued from a US bank)

Print Name _____ Date _____ Phone _____

Signature _____

Second Signature on Account (if any) _____

**** PLEASE ENCLOSE A VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP ****

ONCE THE AUTHORIZATION FORM HAS BEEN SUBMITTED TO THE UTILITY BILLING DIVISION, IT NORMALLY TAKES 4 TO 6 WEEKS TO PROCESS AND VERIFY INFORMATION WITH THE BANK. YOU WILL BE NOTIFIED OF ACCEPTANCE BY A NOTE ON YOUR NEXT BILL AND YOUR FIRST DIRECT DEBIT TRANSACTION WILL BE ON THAT BILLS DUE DATE.

YOU WILL NEED TO CONTINUE TO PAY BY CHECK OR CREDIT CARD UNTIL THEN.

For internal use only			
Pre-Note <input type="checkbox"/> _____ Date	Letter Sent <input type="checkbox"/> _____ Date	Entered in Master File <input type="checkbox"/> _____	Date