

REQUEST FOR BANK DRAFT PROGRAM

Washington Water Authority

Please include a voided check.
Accounts are drafted between on the 10TH of each month.

NAME _____ **PHONE NUMBER** _____

ADDRESS _____

SERVICE ID # _____

BANK NAME _____

BANK ADDRESS _____

BANK ROUTING # _____ **BANK ACCOUNT #** _____

I authorize Washington Water Authority to initiate charge entries to my checking account indicate above the banks/savings institution named above, hereinafter called Bank, and to charge the same to such account.

SIGNATURE _____ **DATE** _____