



CITY OF TUKWILA

CITY'S TAX ID 91-6001519

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (DEBITS)

TODAY'S DATE: _____ City of Tukwila
ACCOUNT NUMBERS: _____

Customer Name: _____

Service Location: _____

Daytime Phone Number: _____ Email: _____

I hereby authorize the City of Tukwila to initiate debit entries to my (*check one*) ___ **CHECKING** or ___ **SAVINGS** indicated below and the depository named below (the Depository) to debit the entries to such account. The withdrawal shall be made from my account on the due date indicated on each statement.

DEPOSITORY NAME (your bank or credit union)	BRANCH LOCATION
CITY, STATE & ZIP CODE (of your bank branch)	

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TRANSIT/ABA NO. (bottom left)

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ACCOUNT NUMBER (your bank account number)

I have read the Policy and Procedure Agreement on Automatic Payments and understand its contents. This authority is to remain in full force and effect until the City of Tukwila and the Depository have received written notification from me of termination in such time and in such manner as to afford the City of Tukwila and Depository a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to Depository at least 20 days prior to my next withdrawal date. In case of an erroneous debit, provided I supply notice to Depository at least 60 days of receiving my account statement, the Depository must investigate and resolve the error within 45 days, but if it has not done so within 10 days, my account will be re-credited for the amount in question while it finishes the investigation.

Customer Signature: _____

**PLEASE ATTACH
VOIDED CHECK HERE**

AND

MAIL TO:
FINANCE DEPARTMENT
CITY OF TUKWILA
6200 SOUTHCENTER BLVD
TUKWILA, WA 98188-2544

CONTINUE TO PAY BILLING STATEMENTS UNTIL "AUTO PAY" APPEARS IN THE AMOUNT DUE FIELD