



**LAKE STEVENS
SEWER DISTRICT**
Serving You Since 1957

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customerservice@lkssd.org
www.lkstevenssewer.org

DEBIT AUTHORIZATION FORM (ACH/Automatic Withdrawal)

Sewer Account #(s): _____ Service Address(es): _____

Terms and Conditions

1. This serves as a written request for automatic withdrawal for the service address(es) listed above.
2. The District will charge the account for the full balance due on the 25th of the month.¹
3. Any ACH transaction returned by the financial institution listed below will be subject to the District's Return Check Fee of \$30.00.²
4. All debit authorization changes must be submitted in writing to the District by the 19th of the month to ensure changes are made in the current billing cycle.
5. The District is not responsible for any disputes that may arise from an owner agreement.³
6. Debit Authorization shall in no way be construed by either party as a waiver of the District's rights to file a lien or liens against the real property pursuant to statutory authority of the State of Washington.

Customer Information

Name: _____ Phone Number: _____
 Email Address: _____

Financial Institution (Bank) Information

Name: _____ Routing Number⁴: _____
 Account Number: _____

I (we) _____ hereby authorize *The Lake Stevens Sewer District* ("District") to initiate a CHARGE entry to my (our) checking/savings account at the Financial Institution above, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until District is notified by me (us) in writing to cancel it in such time as to afford District and Financial Institution a reasonable opportunity to act on it.

Signature: _____ **Date:** _____

¹ If the 25th of the month falls on a holiday or weekend, the transaction will occur the following business day.

² Fee subject to change without notice.

³ See [Duplicate Billing Statements Request](#) form for additional information.

