



CITY OF TUKWILA

CITY'S TAX ID 91-6001519

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (DEBITS)

TODAY'S DATE: _____ CITY OF TUKWILA'S
ACCOUNT NUMBER: _____

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** account indicated below, and the depository named below 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 has received written notification from me of termination at least 20 days prior to my next withdrawal date. If payment is returned by Depository the City of Tukwila will charge a dishonored autopay fee.

Customer Signature: _____

**PLEASE ATTACH
VOIDED CHECK OR
BANK LETTER**

**RETURN TO: CITY OF TUKWILA
c/o FINANCE DEPARTMENT
6200 SOUTHCENTER BLVD
TUKWILA, WA 98188-2544 or
utility@tukwilawa.gov**

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