



82 W. Monticello Drive Camano Island WA 98282

Office: (360) 387-9136 www.camanowater.com

Automatic Payment Agreement – ACH Draft Banking

PLEASE PRINT CLEARLY

Customer Name _____

CWA Account Number _____

Service Address _____

Phone Number _____

Bank Name _____

Routing Number _____ Account Number _____

Select Account Type

- Checking
- Savings

I, _____, authorize the Camano Water Association (CWA) to withdraw a variable sum from the designated checking or savings account for payment of the amount due on my bill each billing cycle. I further authorize the financial institution named in this request to schedule such transactions initiated by the CWA to be paid on the due date set forth on each water bill. If my CWA account is delinquent or I have an existing balance at the time I sign up for Automatic Payment, I understand said balances will be withdrawn from the financial account listed above. I understand if my bank account has insufficient funds, that my CWA account will accrue a “returned check” fee and if an alternative payment is not sent before the due date, a late fee may be put on my CWA account. **THE PAYMENT WILL BE PROCESSED ON THE 20TH OF THE BILLING MONTH. IF THIS LANDS ON A WEEKEND OR HOLIDAY, IT WILL BE ON THE FOLLOWING BUSINESS DAY.**

Date _____ Signature _____

*Please provide either a voided check or a screenshot of your account number and routing number for accuracy.