



Kitsap County Public Works

# Automatic Payment Plan

## Take some time off!

Save yourself the time and bother of writing a check and finding a stamp to pay your sewer bill.

Let the bank do it!

Fill out the enclosed form, attach a voided check for your checking account, and return to our office:

Kitsap County Public Works  
614 Division St MS-27  
Port Orchard, WA 98366

Please continue to pay your billing statements as usual until you receive a letter indicating the amount will be deducted from your bank account.

After that, the bank will automatically make your sewer bill payment for you on the due date of the bill.

You will still receive a bill from us each month. It will tell how much money you owe, and when the money will be withdrawn from your account.

Questions?  
Call us at (360) 337-7127

## AUTOMATIC PAYMENT PLAN

The most frequently asked questions about KCPW's Automatic Payment Plan:

- 1. What is the Automatic Payment Plan?**  
*The Automatic Payment Plan is a convenient, optional way to pay your sewer bill.*
- 2. How will I know how much will be deducted from my account and on what date?**  
*Your monthly payment will be deducted from your account on the date that your bill is due. For your records and convenience, you will continue to receive a billing statement.*
- 3. What if I discover an error has been made after charges have been applied against my account?**  
*You should contact KCPW immediately to determine if an adjustment will be made.*
- 4. How can I be sure that there will not be any unauthorized charges against my bank?**  
*Electronic transactions are protected by federal regulation and are subject to stringent safeguards. You may be notified by your bank of the intention of KCPW to initiate a charge to your bank account.*
- 5. How do I sign up?**  
*Return the Authorization Form along with a voided check to our attention and we will take care of the rest.*
- 6. Are there any restrictions?**  
*Yes, only U.S. customers are eligible. Also, you must have your account at a bank, savings and loan, or credit union that is a member of the Automated Clearing House (ACH) system. Over 98% of all Northwest financial institutions are members.*
- 7. What if I want to cancel the Automatic Payment Plan?**  
*You may cancel your Automatic Payment Plan at any time by sending KCPW reasonable notice.*
- 8. What happens if I move my account to another bank?**  
*You must fill out a new Authorization Agreement, and send a voided check from your new bank indicating the new account number.*
- 9. Will my bank charge me for this service?**  
*Most banks do not charge for this type of electronic payment. If the bank does charge, it will probably be no more than you are currently paying to write and mail a check.*
- 10. What happens if I move?**  
*When you receive your final bill, you must pay KCPW the amount owing by check, cash or money order. (Your final payment will not be deducted from your bank account.) If you are moving to another address served by KCPW you must then reapply for the plan and send a new voided check.*

## Kitsap County Public Works Automatic Payment Plan Authorization Agreement

CUSTOMER NAME
SERVICE ADDRESS
CITY STATE WA ZIP
ACCOUNT NUMBER

I (we) hereby authorize Kitsap County Public Works (KCPW) to automatically withdraw from my (our) bank account identified below, the amount due on my (our) monthly billing statement for the sewer account number listed above. I (we) authorize the Financial Institution listed below to accept such withdrawals initiated by KCPW. The withdrawals shall be made from my (our) bank account on the due date indicated on each billing statement.

FINANCIAL INSTITUTION
BRANCH CHECKING ACCT NUMBER
TRANSIT ROUTING NUMBER <small>(First 9 digits of the encoded line at bottom of check)</small>

This authorization is to remain in effect until **KCPW and the Financial Institution** have received notification from me (or either of us) of termination in such time as to afford **KCPW and the Financial Institution** a reasonable opportunity to act upon it. I (we) am aware of my right to stop payment of a withdrawal by notifying the Financial Institution at any time up to 3 business days before the withdrawal date. If an erroneous withdrawal occurs and I (we) notify the Financial Institution of the error within 60 days of the issuance of my (our) Financial Institution's statement, the Financial Institution must investigate and resolve the error within 45 days of notification. If the error is not resolved within the first 10 days following receipt of my (our) notification, my (our) account shall be re-credited for the amount in question until the investigation is completed.

TELEPHONE NO. DATE
PRINT NAME
SIGNATURE
ADDITIONAL SIGNATURE (if required)

Please Be Sure To Attach Your Voided Check

< Separate at perforation