



City of Gig Harbor  
Utilities & Finance  
3510 Grandview Street  
Gig Harbor, WA 98335  
Phone (253) 530-7030  
Fax (253) 851-8563

## Automatic Withdrawal Authorization Form

### A. Customer Information

|                  |                  |
|------------------|------------------|
| _____            | _____            |
| Customer Name    | Customer Number  |
| _____            | _____            |
| Address          | Phone Number     |
| _____            | _____            |
| City, State, Zip | Reference Number |

### B. Bank/Financial Institution Information

|                                    |                             |
|------------------------------------|-----------------------------|
| _____                              | _____                       |
| Name of Bank/Financial Institution | Phone Number of Institution |
| _____                              | _____                       |
| Address                            | Account Number              |
| _____                              | _____                       |
| City, State, Zip                   | Bank ABA/Routing Number     |

**CHECK ONE:**     Checking     Savings

### C. Authorization Statement

I (we) hereby authorize the City of Gig Harbor to automatically withdraw from my (our) account identified above, the total amount due as stated on my (our) bi-monthly billing statement for all charges at the above service address, and to make deposits, if necessary, for error corrections. I authorize the Financial Institution named above to accept such transactions initiated by the City. The withdrawals shall be made from my account on the 25th of the month in which my bill is due or the next business day following a weekend or holiday. The City will terminate this agreement upon notification from the bank of insufficient funds or closed account. In that event, my utility account will be charged the City's current NSF service charge fee as set forth by the City's policy.

Otherwise, this authorization is to remain in effect until the City has received written notification from me (us) of termination, in such time as to afford the City a reasonable opportunity to act on it. I (we) am aware of my right to stop payment of withdrawal by notifying the City up to three (3) business days before the withdrawal date. I (we) am also aware it is my (our) sole responsibility to notify the City of any changes to my (our) account information.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

**PLEASE ATTACH A VOIDED CHECK**  
**DEPOSIT TICKETS WILL ONLY BE ACCEPTED FOR**  
**SAVINGS ACCOUNTS!**

**Billing Department:**

Entered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_