



152 West Cedar Street Sequim, WA 98382
City Hall (360) 683-4139 FAX (360) 681-3448
Public Works (360) 683-4908 FAX (360) 681-0552

AUTHORIZATION FOR AUTOMATIC PAYMENT

To Participate in AutoPay, please do the following; 10th, 20th or 25th

- 1) Complete this form.
- 2) Attach a Voided check to this form.
- 3) Circle the AutoPay date you want us to process payment
- 4) Sign below.
- 5) Return this form to the Finance Department, Attn: Utility Billing

PLEASE BE AWARE: If the Autopay fails, we will try to contact you. If not paid by check or cash on or before the 25th, of each month, a late fee and finance charges may be incurred.

Customer Name _____

Customer Phone Number _____

_____ (____) _____

Service Location: _____

Financial Information

Financial Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Routing/Transit Number: _____

Account Number: _____

☐ I hereby authorize the City of Sequim to initiate debit entries to my account indicated above and the Financial Institution named above to credit the entries to the noted account.

Signature (REQUIRED)

Date

****Please attach a voided check****

For your security do not e-mail, mail or drop in our drop box in front of our civic center building

For Internal Use Only

Customer Acct #: _____

Date Entered: _____ By: _____