



2924 SE Lund Avenue, Port Orchard, WA 98366
(360) 876-2545 • Fax (360) 874-5030
www.customerservice@wsud.us

DEBIT/CREDIT CARD AUTO PAY AUTHORIZATION FORM

NEW

CHANGE

STOP

PLEASE PRINT

WSUD Acct.: _____ WSUD Ref. #: _____

NAME: _____

PHONE #: _____ Email: _____

SERVICE ADDRESS: _____

CITY/STATE/ZIP: _____

CREDIT CARD BILLING ADDRESS: _____
(MUST MATCH THE ADDRESS ON YOUR CREDIT CARD STATEMENT)

AUTOMATIC DEBIT/CREDIT CARD PAYMENT AUTHORIZATION

Yes, please charge my/our water/sewer bill to my debit/credit card below using the payment option I have selected.

Visa
 MasterCard
 American Exp.
 Discover

NAME AS SHOWN ON CARD: _____

CARD NUMBER: _____

CARD EXPIRATION DATE: _____ 3 Digit CID Code: _____

CARD HOLDER'S SIGNATURE: _____

RESIDENTIAL CUSTOMERS ACCOUNTS

BI-MONTHLY, on the 15th day of every other month **FOLLOWING YOUR LAST BILLING**, the amount of your **total bill owing** will be withdrawn from your debit/credit card account.

COMMERCIAL ACCOUNTS

MONTHLY, on the 15th day of every month following your last billing, the amount of your **total bill owing** will be withdrawn from your debit/credit card account.

I authorize West Sound Utility District (WSUD) or the financial institution to automatically withdraw/charge my account for the amount due. My account will be charged as noted, and shall remain in effect until WSUD receives written notification to change or terminate this authorization.

Print Name: _____

SIGNATURE: _____ **DATE:** _____

West Sound Utility District recommends that you retain a copy of this completed form for your personal records.