

Valley View Sewer District 3460 S 148th St. Suite 100 Seattle, WA. 98168

Phone: (206) 242-3236 Fax: (206) 242 1527 www.valleyviewsewer.org

Auto Pay request form

Auto Pay: You will continue to receive your utility bill. Look for the phrase "Total to be deducted by auto pay approximately", this will let you know that you are set up for Auto Pay. The payment will show on your bank statement as a regular transaction.

To take advantage of this service, fill out the form below and return it to our office.

Information about your bank:				*Required field
*BANK NAME (Depository)				
*City		*State		
Information about your bank accou	unt:			Type of account: (Please check on
*TRANSIT/ABA NUMBER:	*TRANSIT/ABA NUMBER:			Checking Savings
* ACCOUNT NUMBER:				
Information about you:				
*VALLEY VIEW ACCOUNT N	O:			
*SERVICE ADDRESS:	*Ci	ty	*State	*Zip code
*NAME(S) ON ACCOUNT:				
	cated above and the depo in full effect until COMPAI	ict, hereinafter calle sitory name above, NY and DEPOSITOR' I COMPANY and DE	d COMPANY, to ir hereinafter called Y, have received w	nitiate debit entries to my (our) DEPOSITORY, to debit the same vritten notice from me (or either
	Date		Phor	ne No:
For Office Use Only	PLE	EASE ATTACH A VO	OIDED BLANK CI	HECK WITH THIS FORM!
Completed by				