



CITY OF BLAINE  
 435 MARTIN STREET, SUITE #3000  
 BLAINE, WA 98230  
 PH (360) 332-8311, EXT. 2  
 FAX (360) 332-9562

# AUTHORIZATION AND ENROLLMENT FORM AUTOMATIC FUNDS TRANSFER

Name

Service Address

City

State

Zip Code

Mailing Address

City

State

Zip Code

I hereby authorize the **City of Blaine** to automatically withdraw from my account identified below, the total amount due on my electric, water, and sewer utility bill statement. I authorize the Financial Institution named below to accept such transactions initiated by the **City of Blaine**. The withdrawals shall be made from my account on the 15th of every month or on the next business day following, should the 15th fall on a weekend or holiday.

This authorization shall remain in effect until the **City of Blaine** has received written notification of termination thirty (30) days before the withdrawal date.

Financial Institution		
	Name of Institution	
	Branch	Branch Phone
Type of Account	Checking (Enclose a VOIDED check)	Savings (Enclose a SAVINGS WITHDRAWAL SLIP)
	Account Number	ABA/Transit Number <small>(First 9 numbers on the bottom of the encoded line of the check or withdrawal slip)</small>

Print Name

Phone

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SECOND SIGNATURE ON ACCOUNT (IF ANY)

ONCE THE AUTHORIZATION FORM HAS BEEN SUBMITTED TO THE UTILITY BILLING DIVISION, IT NORMALLY TAKES 4 TO 6 WEEKS TO PROCESS AND VERIFY INFORMATION WITH THE BANK. YOU WILL RECEIVE A LETTER FROM THE CITY OF BLAINE ADVISING YOU OF THE DATE FOR THE FIRST DIRECT DEBIT. **YOU WILL NEED TO CONTINUE TO PAY MANUALLY UNTIL THEN.**

### FOR OFFICE USE ONLY

Pre-Note	Letter Sent	Entered Master in File
Date	Date	Date