



FOR OFFICIAL USE ONLY
ACCOUNT NUMBER: _____

AUTHORIZATION AND ENROLLMENT FORM AUTOMATIC FUNDS TRANSFER

Customer Name _____

Service Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

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

I am aware of my right to stop a withdrawal by notifying the City of Ferndale orally or in writing at any time three (3) business days before the scheduled date of the transfer.

Financial Institution Name _____

Phone Number _____

Account Information Checking Savings

Account # _____

Routing/Transit # _____

(First 9 numbers on the bottom of the check)

****PLEASE ENCLOSE A VOIDED CHECK****

**** WITHDRAWAL SLIPS CANNOT BE ACCEPTED****

Print Name _____ Phone Number _____

Signature _____ Date _____

2nd Signature on Account (if any) _____

RETURN TO CITY HALL – PLEASE MAKE A COPY FOR YOUR RECORDS

CITY OF FERNDALE

PO BOX 936 2095 MAIN ST FERNDALE WA 98248

Utility Billing
Phone: 360-384-4269
Fax: 360-384-1163

City Hall
Phone: 360-384-4302
Fax: 360-384-1163

Planning/Public Works
Phone: 360-384-4302
Fax: 360-384-5189