



AUTOPAY IS AVAILABLE!

Dear Customer:

As a continuing effort to provide our ratepayers with the most efficient and innovative services possible, Washington Water Service Company is now offering our customers an automated payment processing option for paying your water utility bills.

A form is included on the reverse side of this notification for you to complete if you are interested in signing up for automatic payment withdrawals (Auto-Pay).

Customers enrolled in Auto-Pay will continue to receive paper monthly billing statements; however, the amount due will be automatically deducted from your checking account on or shortly after the due date printed on your statement. Alternate payment due dates are not available at this time.

An Auto-Pay application form is included with your water bill this month, or you can download a form on our web site at www.wawater.com. Simply click on the "Customer Service" button on the left-hand side of the screen and select "Auto-Pay Application Form." Complete the form and return it to our office for processing. Please remember to include a voided check and allow 30 days for us to process your request.

You should continue to pay your regular bill manually until you see "AUTO-PAY" in the "Amount Due" box on the remittance portion of your bill.

We hope that you will consider signing up for our Auto-Pay plan. Please note that any personal information provided, including banking account numbers, is protected and confidential. Washington Water Service Company does not market or share any of our customers' information with anyone except the individual whose name is listed on our account.

If you have any questions about this new service, please call our Customer Service Department toll-free at 877-408-4060, and one of our customer service representatives can assist you.

Sincerely,

Susan E. King
Customer Service Manager

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Automatic Payment Plan Application Form

Return this form with a voided check to:

Washington Water Service Company
P. O. Box 336
Gig Harbor, WA 98335



AUTHORIZATION AGREEMENT

Customer Name: _____ WWSC Account No.: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Check if you want your bill emailed:

I hereby authorize Washington Water Service Company (**WASHINGTON WATER**) to automatically withdraw from my checking account (identified below), the amount stated on my monthly statement for all water charges at the above service address. I authorize the **FINANCIAL INSTITUTION** named below, to accept such withdrawals initiated by **WASHINGTON WATER**. Withdrawals shall be made from my checking account on the due date printed on my monthly statement each month. Please note that alternate due dates are not available.

FINANCIAL INSTITUTION NAME: _____

Branch Location: _____ Phone No.: _____

Bank Routing No: _____ Bank Account No: _____

This authorization will remain in effect until **WASHINGTON WATER** has received written notification from me terminating this agreement. All written notifications will allow a 30-day termination period from the date of notification to afford **WASHINGTON WATER** and the **FINANCIAL INSTITUTION** a reasonable opportunity to act on my request. I am aware of my right to stop payment of a withdrawal at any time by notifying my **FINANCIAL INSTITUTION** three business days before the withdrawal date. If an erroneous withdrawal occurs and I notify the **FINANCIAL INSTITUTION** of the error within 60 days of the issuance of my **FINANCIAL INSTITUTION** account statement, the **FINANCIAL INSTITUTION** must investigate and resolve the error within 45 days of notification.

I understand and authorize that should any of the preauthorized debits made through this agreement be dishonored for non-sufficient funds (NSF) or any other reason, the amount due must be paid in full at a local **WASHINGTON WATER** office within 10 business days after receiving notification by **WASHINGTON WATER**, along with a collection fee of \$15.00. Other fees and/or actions in accordance with **WASHINGTON WATER'S** approved rates and tariffs may also apply.

Authorization Signature: _____ Date: _____

Reminder: ****ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT****

