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Member Owned Co-op

SALLAL WATER ASSOCIATION

ACH Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

Sallal Account #: _____

Email: _____

Phone #: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing/Transit #: _____

Name on Bank Account: _____

Account Type (circle one): **CHECKING / SAVINGS**

Bank Account #: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Sallal Water Association to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Sallal Water Association will revoke this authorization.

Sallal Water Association reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date