

## NORTHSHORE UTILITY DISTRICT

6830 NE 185<sup>th</sup> St.  
Kenmore, WA 98028-2684

P.O. Box 82489  
Kenmore, WA 98028-2684

Ph: (425) 398-4400 | Fax: (425) 398-4430 | [www.nud.net](http://www.nud.net)

Dear Customer:

For your convenience, we would like to invite you to apply for our **Automatic Funds Transfer** program. There is **no cost** to apply and **no charge** is added to your bill for this service.

The program assures that the discount is received on each billing by withdrawing, automatically from your checking account, the discounted amount due as stated on your bill. The withdrawal happens within five (5) business days prior to and including the discount date, occurring bi-monthly.

You will receive your regular bill with the following statement: " \*\*\* BANK TRANSFER – DO NOT PAY \*\*\*," please note the discount amount and date to make the deduction from your checking account - *your bank statement should show the deduction as KC NORTHSHORE UTILITY.*

To apply, **mail** your completed application with a **VOIDED CHECK (not deposit slip) to P.O. Box 82489, Kenmore, WA 98028-2684**, for account verification purposes only, application **must be received at least 15 days prior to your next billing date. You will receive a letter in the mail letting you know the beginning date of the first withdrawal.**

Once accepted and approved, the authorization will remain in effect until Northshore Utility District has received written notification from the signed customer of termination, in such time as to afford Northshore Utility District a reasonable opportunity to act on it. The AFT program will also terminate when:

- ◆ We receive a request for final bill (change of owner) – AFT is not to be used for Final Bills.
- ◆ We receive notice of Reversal due to insufficient funds. This will be handled the same as a dishonored check, and there shall be a \$35.00 charge.
- ◆ We receive notice of Reversal due to customer account changes or closure.
- ◆ Once a written request is received to cancel the AFT, cancellation is immediate.

**Please retain a copy of your signed application for your records.** If you have further questions, please call 425-398-4402.

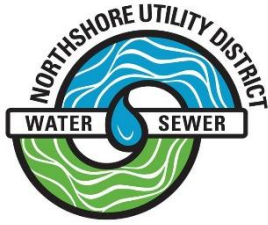
Sincerely,

Northshore Utility District

Please Attach Check Here

***Please continue to pay your bill manually until you receive notification from the District informing you the beginning date of your first withdrawal.***

*Thank you*



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Customer Name (s)			
Service Address	City	Zip	
Mailing Address	City	Zip	

I currently own  rent  the serviced property (*account must be set up for tenant billing*)

Northshore Utility Account Number

Cycle Number

I (we) hereby authorize Northshore Utility District to automatically withdraw from my (our) **checking** account, identified below, the discounted amount due as stated on my (our) bi-monthly billing statement for all water, sewer, and/or street light charges at the above service address, and to make deposits, if necessary, for error corrections. I (we) authorize the Financial Institution named below to accept such transactions initiated by Northshore Utility District. The withdrawals shall be made from my account within five (5) business days prior to the discounted amount due date.

This authorization is to remain in effect until Northshore Utility District has received written notification from me (us) of termination, in such time as to afford Northshore Utility District a reasonable opportunity to act on it; OR

- ◆ We receive a request for final bill (change of owner) – AFT is not to be used for Final Bills.
- ◆ Withdrawal is denied due to insufficient funds (\$35 fee)
- ◆ We receive notice of Reversal due to customer account changes.

I (we) am aware of my (our) right to stop payment of a withdrawal by notifying Northshore Utility District up to five (5) business days before the withdrawal date. Once a written request is received to cancel the AFT, cancellation is immediate. If an erroneous withdrawal occurs and I (we) notify the Financial Institution of the error within 60 days of the issuance of my (our) Financial Institution's account statement, the Financial Institution must investigate and resolve the error within 45 days of notification. My (our) account shall be re-credited for the amount in question until the investigation is completed if the error is not resolved within the first 10 days following receipt of my (our) notification. (Condensed for Regulation E, Electronic Fund Transfer Act for the consumer's protection. The deduction on your bank statement may be **KC NORTHSHORE UTILITY**. If you want additional information, contact your Financial Institution).

**\*\*\*\*\*PLEASE ENCLOSE AND MAIL TO P.O. BOX 82489, KENMORE WA 98028-2684\*\*\*\*\***  
**A VOIDED CHECK (NOT DEPOSIT SLIP) ALONG WITH THIS ORIGINAL ENROLLMENT FORM**

Financial Inst. Name	Branch
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City	State	Zip
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Account Number	<b>* Please include voided check (not deposit slip) to verify*</b>
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ABA/Transit #  (First 9 numbers on the bottom encoded line of your check)

PRINT NAME(S) \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 SIGNATURE(S) \_\_\_\_\_