Direct Debit Application



ABOUT DIRECT DEBIT

This method of payment automatically pays your utility bill by electronically transferring funds from your checking or savings account and applying the payment directly to your utility account. After signing up for this payment option, you will still receive a utility bill but the payment for your utility bill will automatically be deducted from your bank account on the due date listed on your bill. This payment options eliminates postage, check costs and late fees.

If you have any additional questions about this program, please contact a City of Renton customer service representative at 425-430-6852.

FREQUENTLY ASKED QUESTIONS

Market How do I sign up?

Your account must be current with no past due balance. Complete the authorization form (back page), **enclose a voided check for Direct Debit**, and mail both items to:

City of Renton Utility Billing 1055 S Grady Way Renton, WA 98057

Will I still receive a billing statement?

You will continue to receive a statement that will reflect the due date, the amount due, and the date your account will be charged. Continue to pay your bill as usual until you receive a bill that says "Direct Debit-Do Not Pay".

What if I want to stop this program?

You may cancel your direct debit authorization at anytime by notifying us in writing at least 2 weeks prior to your next billing.

What if my payment is returned?

If your payment is dishonored or returned, the amount of the payment plus the normal \$15 returned item fee will be added to your account.



				Reference No/Office Use	
Account Na	ame:				
Service Address:			Account No		
	Autho	orization Aç	greement for Direct De	ebit	
	☐ Savings ☐ acco	ount (check c		rection entries to my (our) tion listed below. I require Ithorization.	
Financial Institution:			Branch:		
City	State	Zip	Routing Number:	Account No:	
	ification from me of	f its terminati	ce and effect until the City on in such time and in suc on a reasonable opportun	ch manner as to afford the	
Name:			Signature:	Date:	
Co-Applicar	nt (If joint account):	:	Co-Applicant Signatu	re: Date:	



Please attach a voided check here for a Checking account withdrawal or a voided deposit slip for a savings account withdrawal.