



DIRECT DEBIT

ABOUT DIRECT DEBIT

This method of payment automatically pays your utility bill directly from your bank account without the use of paper checks. After signing up for this payment option, you will still receive a utility bill but the payment of your utility bill will be handled automatically. Your payment will automatically be deducted from your bank account on the due date.

Should you have any additional questions about the direct debit program, please contact Customer Accounts at 425.828.1124 or email us at utilitybilling@ci.kirkland.wa.us

FREQUENTLY ASKED QUESTIONS

1. How do I sign up?

Complete the authorization form (opposite panel), cut along the dotted line, enclose a voided check, and mail both items to:

City of Kirkland Utility Billing
PO Box 3327
Kirkland, WA 98083-3327

2. Will I still receive a bill statement?

You will continue to receive your statement, which will reflect the amount due, and the due date when your account will be debited.

3. When will my direct debit start?

The debit authorization must be received 3 weeks prior to the normal billing period to be implemented on that billing.

4. What if my payment is dishonored or returned?

If your payment is dishonored or returned, the amount of the payment plus the normal \$25 returned item fee will be added to your account.

5. What if I want to stop this program?

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



Authorization Agreement for Direct Payments

Date: _____ New request Change

(Please Print)

Kirkland Utility Account Number _____

Name (First, Middle, Last) _____

Co-applicant's Name if Joint Account: (First, Middle, Last) _____

Service Address _____

Daytime Phone (Area Code) _____

I hereby authorize the City of Kirkland to automatically withdraw funds from my () checking () savings account (select one) named below and the financial institution named below to pay my utility bills directly to the City of Kirkland. I require no additional notices prior to action being taken on this authorization. In the event of an incorrect amount or entry, I authorize the City to reverse this transaction.

Financial Institution _____

Financial Institution's Address _____

Checking/Savings Account Number _____

This authorization is to remain in full force and effect until the City of Kirkland has received written notification from me of its termination in such time and in such manner as to afford the City of Kirkland and Financial Institution a reasonable opportunity to act on it.

Signed _____

Date _____

Please attach a voided check