

HARTSTENE POINTE WATER-SEWER DISTRICT 772 E CHESAPEAKE DR., SHELTON, WA 98584 (360) 427-2413 info@hpwsd.org

AUTO PAY AUTHORIZATION

New Change	☐ Stop		
HPWSD Account #	Service Address		
Customer Name:		Phone #:	
Email Address:			Paperless Billing
Name as shown on credit/debit card	l or Bank Account:		
Billing address:			
•	ch address on credit/debit car	d or bank statement)	
eCheck: Account Type: Checking	Savings	Personal or Business: Personal or Description	ersonal Business
Bank Routing #		Bank Account #	
Credit/Debit Card:			
Card number:		Expiration	n Date:
Pay my bill 5 days before the due Pay my bill monthly on the	·	ning	
		(date of first automatic	: payment)
I authorize Hartstene Pointe Water-Sewer information provided for this auto payment, specified financial institution, for payments of	I authorize Hartstene Pointe Water	y account for the full amount due -Sewer District to charge my credit,	/debit card or bank account, held at the
I understand that Hartstene Pointe Water-S secured from the banking institution. I also this transaction for any reason, including b payment is submitted, further collection action to the extent permitted by law.	understand that if Hartstene Pointe out not limited to, insufficient fund	Water-Sewer District is unable to s s or insufficient or inaccurate info	secure funds from the bank account for formation provided when the electronic
This authorization will remain in effect until www.xpressbillpay.com and changing the act bill presented on www.xpressbillpay.com up the financial institution indicated reserve the	tive status of this payment authorize to the date and time my account is	ation. I understand that I have the charged. I understand that Hartste	right to stop automatic payment of any
I agree to notify Hartstene Pointe Water-Sew agree to allow Xpress Bill Pay to store my harmless both Hartstene Pointe Water-Sew information is held in accordance with the pr	account information, for the sole er District and Xpress Bill Pay from	purpose of making the indicated a n liability or damages resulting fro	automatic payments. I release and holo om the loss or theft of information. Al
Print Name		Date	
Signature			

PLEASE SUBMIT TO:

HARTSTENE POINTE WATER-SEWER DISTRICT 772 E CHESAPEAKE DR., SHELTON, WA 98584

OR

Sign up for Auto Pay online at hpwsd.org