

6723 S 124th St  
Seattle, WA 98178  
www.skywayws.org



(206) 772-7343  
Fax: (206) 772-5860  
info@skywayws.org

## Web Form Instructions

When completing a PDF form that requires a signature or attachments, please follow these instructions:

- Complete the form on your computer
- Print your document single-sided on plain white, letter sized paper (8 ½ x 11)
- Sign and date if requested
- Email the signed document to [info@skywayws.org](mailto:info@skywayws.org) or fax to 206-772-5860

You may also mail the document and any required attachments to the following address.

**Skyway Water & Sewer District**  
**6723 S 124th St**  
**Seattle, WA 98178**

If you have any questions about these instructions, please contact us for further assistance.

**Email:** [info@skywayws.org](mailto:info@skywayws.org)

**Phone:** 206-772-7343 (7:30am-4pm M-F)

**Fax:** 206-772-5860



For your convenience, Skyway Water & Sewer District can now automatically deduct your bi-monthly water and/or sewer bill directly from your checking account.

Yes, sign me up for Automatic Payment!

I AUTHORIZE Skyway Water & Sewer District to initiate deductions, and the financial institution listed below, to transfer payment, for and in the full amount of my utility bill. This authorization will remain in effect until cancelled. I understand I may discontinue at anytime by giving written notice to Skyway Water & Sewer District.

Automatic payment may be cancelled by Skyway Water & Sewer District upon notification from the bank of non-sufficient funds or closed accounts, which would result in a \$35 service charge added to the account.

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND RETURN**

Bank Information:

Name of Bank: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_  
Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name(s) on bank account: \_\_\_\_\_

Transit/ABA/routing#: \_\_\_\_\_ Bank Acct. # \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Information:

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**For Office Use Only:**

Entered in UMS      Date: \_\_\_\_\_      by: \_\_\_\_\_