



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

AUTO PAY AUTHORIZATION

New Change Stop

HPWSD Account # _____ Service Address _____

Customer Name: _____ Phone #: _____

Email Address: _____ Paperless Billing

Name as shown on credit/debit card or Bank Account: _____

Billing address: _____

(must match address on credit/debit card or bank statement)

eCheck:

Account Type: Checking Savings Personal or Business: Personal Business

Bank Routing # _____ Bank Account # _____

Credit/Debit Card:

Card number: _____ Expiration Date: _____

(Visa, Mastercard, or Discover)

Pay my bill 5 days before the due date shown on my bill

Pay my bill bi-monthly (every two months) on the _____ day of the month, beginning _____
(date of first automatic payment)

AUTO PAY TERMS AND CONDITIONS

I authorize Hartstene Pointe Water-Sewer District to automatically charge my account for the full amount due. I am authorized to use the payment information provided for this auto payment. I authorize Hartstene Pointe Water-Sewer District to charge my credit/debit card or bank account, held at the specified financial institution, for payments of my water/sewer bill on the due date shown on my bill, or on the date I have selected above.

I understand that Hartstene Pointe Water-Sewer District will post this transaction on the account listed above as a pending transaction until funds are secured from the banking institution. I also understand that if Hartstene Pointe Water-Sewer District is unable to secure funds from the bank account for this transaction for any reason, including but not limited to, insufficient funds or insufficient or inaccurate information provided when the electronic payment is submitted, further collection action may be undertaken by Hartstene Pointe Water-Sewer District, including application of returned check fees to the extent permitted by law.

This authorization will remain in effect until revoked by me, through a written notification to Hartstene Pointe Water-Sewer District or through login to www.xpressbillpay.com and changing the active status of this payment authorization. I understand that I have the right to stop automatic payment of any bill presented on www.xpressbillpay.com up to the date and time my account is charged. I understand that Hartstene Pointe Water-Sewer District and/or the financial institution indicated reserve the right to end this payment plan and my participation therein.

I agree to notify Hartstene Pointe Water-Sewer District and/or www.xpressbillpay.com of changes in the expiration date, card number, or account status. I agree to allow Xpress Bill Pay to store my account information, for the sole purpose of making the indicated automatic payments. I release and hold harmless both Hartstene Pointe Water-Sewer District and Xpress Bill Pay from liability or damages resulting from the loss or theft of information. All information is held in accordance with the privacy policies of Xpress Bill Pay and Hartstene Pointe Water-Sewer District.

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 hpwatersewer.com