

Fruitland Mutual Water Company

Auto Pay Sign-Up

Account number _____

Name _____

Mailing address (if changed) _____

Email _____

Financial Institution Information (checking or credit card)

Financial Institution Name _____

Routing Number _____

Account Number _____

PLEASE ATTACH A VOIDED CHECK

Credit Card Number _____

Expiration Date _____

CCV/Security Code _____

Billing Address _____

I authorize Fruitland Mutual Water Company to update and continue automatically withdrawing from my account the total amount due on my billing system.

Signature _____ Date _____

Please mail/email form to:

Fruitland Mutual Water Co.
PO Box 73759
Puyallup, WA 98373

OR

jasmyn@fruitlandwater.com