



Washington Suburban Sanitary Commission

WSSC's E-Z Pay Bill Payment Plan Application

This application is for New Application Update/Change Bank Information

Please print or type the following information:

Full Name (as shown on your water/sewer bill)

Service Address

Mailing Address

City

State

Zip Code

Daytime Phone Number (if applicable)

Home Phone Number

WSSC Account Number

E-Mail Address

Please deduct my automatic "E-Z Pay" payments from:

Checking Savings

Name of bank/credit union/savings & loan

Bank Account Number

Routing Number

I authorize WSSC or its agent to initiate debit entries to my bank account for water and/or sewer services provided, under the terms set forth in the "E-Z Pay" Rules and Regulations. My authorization will remain in effect until WSSC has received written notification of termination in such time and in such manner as to afford WSSC and/or its agent a reasonable opportunity to act upon it. I understand that WSSC reserves the right to limit participation to customers with accounts in good standing and discontinue services if payment is rejected due to insufficient funds.

Signature

Date

Print Complete Name

Direct debiting takes about **4 weeks** to implement and test. If your application is approved, E-Z Pay should be implemented within the next **2 billing periods**. Please complete the authorization form above and mail it **with your VOIDED bank check** to:

**The Washington Suburban Sanitary Commission
Att: Correspondence Services Unit, 10th Floor
14501 Sweitzer Lane
Laurel, Maryland 20707**

To avoid a delay in processing your application, please mail this form to the address indicated above. Remember, the total outstanding balance printed on the face of the bill will be transferred from your bank account on the due date indicated on the bill. Thank you!