



FLUSH FUND DONATION

Customer Authorization Form

Name:

Account Number:

Donation amount **per billing**: \$

Service Address

City State Zip code

I authorize Valley View Sewer District to add the amount stated above to each of my sewer bills as a contribution to the "Flush Fund".

I understand that these voluntary contributions will be placed in a separate Flush Fund account. These funds will be used only for emergencies to assist low-income customers who need help paying their sewer bills.

I also understand that It is my responsibility to notify Valley View Sewer District in writing if I should wish to discontinue my contribution to the "Flush Fund"

Signature

Date

For Office Use Only

Approved by	<input type="text"/>
Date	<input type="text"/>