



AUTHORIZATION FOR MONTHLY RECURRING ACH DEBIT TO A CHECKING ACCOUNT

CUSTOMER NAME: _____ **DATE:** _____

ACCOUNT NUMBER: _____ - _____ - _____

Please complete and return this form if you would like to make your monthly scheduled payments via ACH.

I/we authorize IDYLLWILD WATER DISTRICT to initiate DEBIT entries from my/our Checking Account at the named depository financial institution below. If a payment is rejected by my/our financial institution for any reason, including without limitation insufficient funds, I/we understand that IDYLLWILD WATER DISTRICT may at its discretion attempt to process a \$30 NSF Fee.

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

RECURRING TRANSACTION DATE: 20TH DAY OF EACH MONTH

RECURRING TRANSACTION AMOUNT: (base plus usage)

If any payment date described above falls on a weekend or holiday, I/we understand that the payment may be executed on the next business day.

SIGNATURE: _____ **DATE:** _____

Please return to:

Secure Fax Line 951.659.9990 or Email: office@idyllwildwater.com

PO Box 397, Idyllwild, CA 92549

(Please include a voided check)