McCLOUD COMMUNITY SERVICES DISTRICT Policy and Procedure Manual

POLICY TI POLICY NU ADOPTED: REVIEWED REVISED:	JMBER: 3320 December 27, 2010
3320.10	This policy allows our customers to pay their monthly district fees automatically with the ACH program. This service is voluntary for those customers who wish to take advantage of this convenience.
3320.20	Customers wishing to use this service must enter into an Automated Clearing House (ACH) agreement with the District and only the full monthly payment will be deducted.
3320.30	Conditions of the agreement are as follows:
	3320.31 ACH deposits will be made on the 5^{th} of every month. If the 5^{th} is a weekend or holiday the deposit will be made on the following work day.
	3320.32 Only those customers whose accounts are current are eligible for participation. Current accounts are those which only have an outstanding balance of the current month's fees (i.e., payment of November fees in December).
	3320.33 If an ACH is returned for insufficient funds the customer is no longer eligible to participate. To be eligible for re-enrollment, the customer must show a six month current payment history. The final decision is at the General Manager's discretion. A return ACH fee will be charged per Policy 1060 Miscellaneous Fee Schedule for non-sufficient funds.
3320.40	The ACH agreement is shown in Appendix 1. The actual form may be revised from time to time by the General Manager as needed.
3320.50	Nothing in this policy supersedes the requirements of MCSD Ordinances 2 (Regulating the collection of Service Charges) and 27 Rules and Regulations Relating to Water Service.



ACH Authorization Form

This authorization form is for payments made to the McCloud Community Services District for the monthly fee for Water, Sewer, Refuse, Alleys and Lights. The monthly fee is \$_____.

I (we) herby authorize the McCloud Community Services District to initiate debit entries to my (our) account in the entity name below (Institution), and I (we) authorize the institution to accept and to debit the amount of such entries to my (our) account. Each debit shall be made each month in an amount equal to the withdrawal amount indicated. I direct that said payment shall be deducted from my (our) account on the 5th of each month (if the 5th day of the month falls on a weekend or holiday payments shall be deducted the following work day).

Financial Institution Name (bank, credit union, etc.) Street Address or PO Box City State Zip Transit / ABA Routing Number Account Number Type of Account: Checking Savings This authorization is to remain in full force and effect until I (we) revoke the agreement as hereinafter provided. Any revocation shall not be effective until McCloud Community Services District has received written notification from me (us)of my (our) desire to terminate this agreement in such time and in such manner as to give McCloud Community Services District a reasonable opportunity to act on it. The McCloud Community Services District reserves the right to cancel a customer's participation at any time. Customer Name / Company Name Account Number Bank Account Holder's Name (please print) Signature Joint Bank Account Holder's Name (please print) Signature Date of Authorization **Telephone Number** Please Return To: McCloud Community Services District, PO Box 640, McCloud, CA 96057

MCSD 3320 - Automated Payment of District Frees