

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. My monthly fees are \$ [redacted] (This is the amount you authorize to charge)

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 as any time.

Customer Name / Company Name

MCS D 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
P.O. Box 640, McCloud, CA 96057
(530) 964-3175 (fax) or email- secretary@ci.mccloudcsd.ca.us