

Fall River Valley CSD

24850 3rd Street * PO Box 427 * Fall River Mills, CA 96028

ACH Bank Draft Payments Authorization Form

CUSTOMER INFORMATION

Name: _____

Account No: _____

eMail Address: _____

Phone No(s): hm: _____ cell: _____

FINANCIAL INSTITUTION INFORMATION

(or attach VOIDED Check)

Bank Name: _____

Bank Routing / Transit No: _____

Account No: _____

Name on Account: _____

Account Type: *(circle one)* CHECKING SAVINGS

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Fall River Valley CSD to deduct my utility payments from this bank account via Electronic Funds Transfer. Payments will be deducted on or after the **15th of the month.**

I understand sending a written notification to Fall River Valley CSD will revoke this authorization.

Fall River Valley CSD reserves the right, without notice, to cancel Electronic Fund Transfers due to insufficient funds.

Print Authorized Name

Authorized Signature

/ /

Date