

# 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:

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