



**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 \$25 NSF Fee.

**BANK NAME:** \_\_\_\_\_

**ROUTING NUMBER:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

RECURRING TRANSACTION DATE: 25<sup>TH</sup> 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](mailto:office@idyllwildwater.com)**

**PO Box 397, Idyllwild, CA 92549**