

Authorization Agreement For Automated Clearing House Transactions (ACH Debits)

ACH Authorization			
Individual / Company Name:		Individual / Company ID #:	

Cypress Cove Water Supply

I (we) hereby authorize: Corp., Angie Price hereinafter called CCWSC, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

This authority is to remain in full force and effect until CCWSC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CCWSC and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____
Please print _____ SSN: _____

Signature(s): _____ Date: _____

I (we) wish for this transaction to take place starting on: _____ and to recur:

once a month, other: _____
 Maximum Draft amount: \$ _____
 I (we) wish for CCWSC to debit exact billed amount **OR** I (we) wish for CCWSC to debit \$ _____

CHECK ONE: I am not currently participating in the Automated Payment Program.
 ADD – Debit the account shown.
 I am currently participating in the Automated Payment Program.
 CHANGE – Change financial institutions and/or account number.

TAPE VOIDED CHECK HERE
[Voided check not necessary, but recommended]

Once you've made any changes, return this form to the office of Cypress Cove Water Supply by the 1st of any given month in which you wish your ACH activation to be effective: ccwsc@gvwc.com in order for us to draft your bank account for payment.