

ACH AUTHORIZATION AGREEMENT

By signing this form, you authorize a regularly scheduled charge to your bank account as indicated below:

RECURRING CHARGES

I _____, (Customer's name) hereby authorize Arrowbear Park County Water District to charge my bank account listed below for payment for the monthly water and sewer charges on the payment due date. If the payment due date falls on a weekend or holiday, I understand that the charge may be made on the prior or following business day. This authorization will remain in effect until I notify Arrowbear Park County Water District in writing to cancel it at least 15 days prior to the next billing date.

CUSTOMER INFORMATION (as it appears on your bank account)

Customer Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

BANK INFORMATION

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Account type: Checking Savings

Account number: _____ Routing Number: _____

I guarantee and warrant that I am an authorized user of this bank account and that I am legally authorized to enter into this payment agreement with Arrowbear Park County Water District.

I certify that I will not dispute this scheduled transaction(s) with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Authorized Signature: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK AND RETURN TO:

Arrowbear Park County Water District
P.O. Box 4045
Arrowbear Lake, CA 92382-4045