



ACH DIRECT WITHDRAWAL AUTHORIZATION

Enroll **Change** **Cancel**

CUSTOMER INFORMATION

10 DIGIT ACCOUNT NUMBER: _____ - _____ - _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ EMAIL: _____

BANK INFORMATION (VOIDED CHECK MUST ACCOMPANY THIS FORM)

BANK NAME: _____

BANK PHONE NUMBER: _____

NAME ON ACCOUNT: _____

ACCOUNT TYPE (circle one): Checking / Savings

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

I authorize Northeast Regional Water District (NRWD) to withdraw the amount shown on my monthly billing statement according to the following schedule from the account listed above. **Payment will be withdrawn on the 10th of every month, or the following business day if the 10th falls on a weekend or holiday.**

I understand that I will receive my monthly statement prior to the last day of each month, and it is my responsibility to report any discrepancies to NRWD at least two days prior to the withdrawal date.

I also acknowledge that if my ACH gets rejected for ANY reason, I am subject to the fees set by the district (which is currently \$25 per transaction, and subject to change). NRWD reserves the right to cancel this ACH at any time, due to insufficient funds without notice.

Signature: _____ Date: _____

For Office Use Only: Date Received: _____ Entered by: _____ Verified by: _____
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