

# Fall River Valley CSD

24850 3rd Street, PO Box 427, Fall River Mills, CA 96028

## ACH Bank Draft Payments Sign-Up Form

### CUSTOMER INFORMATION

**Name:** \_\_\_\_\_

**Account No:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION (Or attach Voided Check)

**Bank Name:** \_\_\_\_\_

**Bank Routing/Transit No:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Account Type (circle one):** CHECKING / SAVINGS

**Account No:** \_\_\_\_\_

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 Fund Transfer. I understand sending a written notification to Falls River Valley CSD will revoke this authorization. Payments will be deducted on or after the 15th of the month, unless prior arrangements have been made.

Fall River Valley CSD reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

\_\_\_\_\_  
Print Authorized Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date