

Falls River Valley CSD  
24850 3rd Street, Fall River Mills, CA 96028  
PO BOX 427

## ACH Bank Draft Payments Sign-Up Form

### CUSTOMER INFORMATION

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

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

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

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

### FINANCIAL INSTITUTION INFORMATION

**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 Falls 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.

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

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

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

\_\_\_\_\_  
Date