



LAKE SHASTINA COMMUNITY SERVICES DISTRICT

ACH Authorization Agreement – Direct Payments

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH Debits)

Property Owner: _____ Owner ID # _____

I (we) hereby authorize Lake Shastina Community Services District, hereinafter called COMPANY, to initiate debit entries to my (our) checking account or savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository:
Bank Name _____ Branch _____
City _____ State _____ Zip _____
Routing #: _____ Account #: _____

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

Names(s): _____

Signature: _____ Date: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach a voided check.