

PINETOP WATER COMMUNITY FACILITIES DISTRICT
PO BOX 87
PINETOP, ARIZONA 85935
PHONE: (928) 367-2022
FAX: (928) 367-2710
EMERGENCY AFTER-HOURS: (928) 358-7482

ACH BANK DRAFT AUTHORIZATION FORM

CUSTOMER INFORMATION

Name: _____
Account Number: _____
Email Address: _____
Phone Number: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____
Bank Routing/ Transit No: _____
Name on Account: _____
Account Type (circle one): **CHECKING / SAVINGS**
Account Number: _____

Please attach a copy of a voided check and return it to our office.

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 the financial institution named above to deduct my payment from my checking or savings account monthly on or shortly after the 15th of every month.

I understand that I must contact Pinetop Water Community Facilities District concerning bill discrepancies prior to the scheduled draft date. I may cancel this authorization by notifying Pinetop Water Community Facilities District. I understand Pinetop Water Community Facilities District will have 30 days for any changes to my billing to go into effect.

Pinetop Water Facilities District reserves the right to cancel any Electronic Fund Transfers due to insufficient funds notice.

Print Authorized Name

Authorized Signature