Pine Creek Canyon DWID - ACH AUTHORIZATION FORM (AUTOMATIC MONTHLY PAYMENTS)

l,	owner of Lot(s) My property
address is	, Pine, AZ. I authorize Pine Creel
Canyon Domestic Water Improvement District ("P	
below) on the 15 th of each month, for the amount	
will not exceed \$200.00, unless further authorizati	
will not exceed \$200.00, amess farmer dathonizati	on is obtained.
PCCDWID's Billing Information:	
Billing Address: P. O. Box 945, Pine, AZ 85544-0945	
Phone number: (928) 476-2260	
Email: <u>pccdwid@qwestoffice.net</u>	
<u> </u>	
Your Bank (ACH) Information:	
Type of account: (circle one) Checking or Savings	
Name on bank account	
Bank Name	
Bank City / State	
Bank Account number:	
Bank Routing number:	
I understand that this authorization will remain in effe	
PCCDWID in writing of any changes in my account infor	
5 th of the month. If the above noted payment dates fa	•
payments may be executed on the next business day. F	
understand that because these are electronic transa-	
account as soon as the above noted date. In the cas	
Sufficient Funds (NSF), I understand that PCCDWID ma again within 5 to 30 days' time, and I agree to an additional sufficient funds.	
be initiated as a separate transaction from the autho	_
origination of ACH transactions to my account must cor	
am an authorized user of this bank account and will r	
bank; as long as the transactions correspond to the term	
	Data
Signed: Owner's Signature	Date:
Signed: Owner's Signature	