## Pine Creek Canyon DWID - ACH AUTHORIZATION FORM

(AUTOMATIC MONTHLY PAYMENTS)

l,		
Improvement District ("PCCDWID") to charge my the amount of my water and wastewater bill. Thi is obtained.	bank account (listed below)	on the $15^{\text{th}}$ of each month, for
PCCDWID's Billing Information:		
Billing Address: P. O. Box 945, Pine, AZ 85544-094 Phone number: (928) 476-2260 Email: pccdwid@qwestoffice.net	5	
Your Bank (ACH) Information:		
Type of account: (circle one) Checking	Savings	
Name on bank account		
Bank Name		
Bank City / State		
Bank Routing number:		
Bank Account number:		
I understand that this authorization will remain in e writing of any changes in my account information or above noted payment dates fall on a weekend or hold business day. For ACH debits to my checking or stransactions, these funds may be withdrawn from my transaction being rejected for Non-Sufficient Funds (Non-Sufficient Funds and will be initiated as a separate transaction from the authorizations to my account must comply with the bank account and will not dispute these scheduled trather terms indicated in this authorization form.	r termination of this authorizati iday, I understand that the paym saving account, I understand t y account as soon as the above NSF), I understand that PCCDWII and I agree to an additional late of uthorized recurring payment. I a e provisions of U.S. law. I certify	ion by the 5 <sup>th</sup> of the month. If the nents may be executed on the next that because these are electronic noted date. In the case of an ACH D may at its desecration attempt to harge for each returned NSF, which cknowledge that the origination of that I am an authorized user of this
	Date:	
Signed: Owner's Signature		
Please send a copy of a VOIDED check for this ac	count.	

Office Use: \_\_\_\_\_