Pine Creek Canyon DWID - ACH AUTHORIZATION FORM

(AUTOMATIC MONTHLY PAYMENTS)

I, _____, owner of Lot(s) _____. My property address is _____, Pine, AZ. I authorize Pine Creek Canyon Domestic Water Improvement District ("PCCDWID") to charge my bank account (listed below) on the 15th of each month, for the amount of my water and wastewater bill. This charge will not exceed $200.00, unless further authorization is obtained.

PCCDWID's Billing Information:

Billing Address: P. O. Box 945, Pine, AZ 85544-0945
Phone number: (928) 476-2260
Email: admin@pccdwid.org

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 effect until I cancel it in writing and I agree to notify PCCDWID in writing of any changes in my account information or termination of this authorization by the 5th of the month. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking or saving account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted date. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that PCCDWID may at its desecration attempt to process the charge again within 5 to 30 days' time, and I agree to an additional late charge for each returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; as long as the transactions correspond to the terms indicated in this authorization form.

_____ Date: _____

Signed: Owner's Signature

Please send a copy of a VOIDED check for this account.

Office Use: _____