## Midway Heights CWD P.O. BOX 596,MEADOW VISTA, CA 95722

## ACH Bank Draft Payments Sign-Up Form

## CUSTOMER INFORMATION Name: Leave Blank Account No: E-mail Address: \_\_\_\_\_ Phone No: \_\_\_\_\_ FINANCIAL INSTITUTION INFORMATION Bank Name: \_\_\_\_\_ Bank Routing/Transit No: \_\_\_\_\_ Name on Account: Account Type (check one): CHECKING **SAVINGS** Account No: \_\_\_\_\_ 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 Midway Heights CWD to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Midway Heights CWD will revoke this authorization. Midway Heights CWD reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice. **Print Authorized Name**

Date

**Authorized Signature**