Johanna Trenerry Chairwoman

Irwin Fust Vice Chairman

Doug Evans Director

BANK NAME:



Ginger Bassham Director

> Mark Engel Director

Kurt Born General Manager

## **AUTHORIZATION FOR AUTOMATIC PAYMENTS**

I (we) hereby authorize Clear Creek Community Services District, hereinafter called DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to the account indicated below at the DEPOSITORY named below, hereinafter called BANK, to credit and/or debit the same to such account.

ROUTING NUMBER:
ACCOUNT #:
This authorization is to remain in effect until DISTRICT has received written notification from me (us) of its termination in such time and in such manner as to afford DISTRICT and BANK a reasonable opportunity to act on it.
*Your payment will be deducted from your account on the 5th of every month*
NAME(S):
NAME(S):
Signature (I)
Signature (2)
A voided check is needed in order to process your request.
**************************************
Date Received: Customer Account #:
Cubic/ACH Pre-note: Taken off Pre-note:
District Representative:
NOTES: