



5880 Oak Street, Anderson, CA 96007
Phone: (530) 357-2121 Fax: (530) 357-3723

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.

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in effect until DISTRICT has received notification from me (us) of its termination in such a time and in such a manner as to afford DISTRICT and BANK a reasonable opportunity to act on it. **DISCLAIMER:** if there are Non-sufficient Funds or bank account is closed there will be a \$37.10 fee applied to the customer account and the account will be taken off of ACH immediately without prior notice.

*** Your payment will be deducted from your account between the 1st and 10th of every month***

NAME(S): _____

Signature (1): _____

Signature (2): _____

A voided check is needed in order to process your request. Voided check will be shredded once entered into Customer Account.

*****FOR DISTRICT USE*****

Date Received: _____

Customer Account #: _____

Cubic/ACH Pre-Note: _____

Taken off Pre-note: _____

District Representative: _____

Notes: