

Paradise Irrigation District

6332 Clark Rd
Paradise, CA 95969
530-877-4971

DIRECT DEBIT PAYMENT AUTHORIZATION

(ACH Debits)

I authorize you, Paradise Irrigation District, to initiate ACH debit entries ("Debit Entries") to my deposit account ("Account") at my financial institution named below. This authorization is for recurring payments that I owe to you. So long as this authorization has not been terminated or revoked, any Debit Entry originated by you under this authorization shall be conclusively presumed to be properly authorized for debit to my Account.

I understand that if my Account is closed, my financial Institution cannot accept any Debit Entry and the entry will be refused. If this occurs you will not be able to reprocess the Debit Entry without further written authorization from me. It is also understood that if my Financial Institution cannot accept my Debit Entry that I may be unable to participate in this program for a minimum of one year. Should the entry be refused for any reason, a payment in cash may be requested and applicable fees assessed. Account history may affect participating in this program. I authorize my Financial Institution to accept these Debit Entries to my Account upon receipt and without advice to me.

My Financial Institution Name: _____

Street Address or Branch: _____

City, State, Zip: _____

My Deposit Account Number:: _____ Checking () Savings ()

Name(s) on the Account: _____

Authorized Debit Entries: I authorize you to initiate debit entries to my account for recurring payments owed by me, beginning 10 calendar days after my normal monthly reading date. The amount of these recurring payments may vary. All notices and correspondence should be sent to the address listed below my signature. *I also authorize adjustment entries to my account in the event of any erroneous transactions.*

IN ORDER TO TERMINATE, REVOKE OR CHANGE THIS AUTHORIZATION, I MUST NOTIFY YOU IN WRITING, ALLOWING 30 DAYS FOR ANY CHANGES OR CANCELLATION TO AUTHORIZATION.

I hereby certify that I am an **OWNER** and an authorized signer of the account. You may supply a copy of this Authorization Agreement to my financial Institution or to your bank upon request.

Date: _____

Signature: _____

Mailing Address: _____

Phone # _____ Email _____

PID Account #: _____

Service Address: _____

****One authorization form must be completed for each PID account.**

PLEASE ATTACH A VOIDED CHECK