CONSOLIDATED PUBLIC WATER DISTRICT #1 OF CLARK

CUSTOMER ACH AUTHORIZATION / BANK ACCOUNT CHANGE FORM

Automatic Payment Authorization

CUSTOMER INFORMATION

Customer Name: _____

Service Address: _____

Mailing Address (if different): _____

Account Number: _____ Phone Number: _____

REQUEST TYPE

☐ New ACH Enrollment ☐ Change Existing Bank Account ☐ Cancel ACH Authorization

BANK ACCOUNT INFORMATION

Financial Institution: _____

Name(s) on Bank Account: _____

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking ☐ Savings Attach: ☐ Voided Check ☐ Bank Document

CUSTOMER AUTHORIZATION

I authorize Consolidated Public Water District #1 of Clark to initiate electronic ACH debits from the bank account identified above for payment of charges due on my utility account. I certify that I am authorized to use this bank account and that the information provided is accurate. This authorization will remain in effect until I provide notice of cancellation or replacement authorization in accordance with District procedures. I understand that I am responsible for maintaining sufficient funds and promptly notifying the District of changes to my banking information.

Customer Signature: _____

Printed Name: _____

Date: _____

FOR DISTRICT OFFICE USE ONLY — DO NOT COMPLETE BY CUSTOMER

Date Request Received:	_____
Customer Identity Verified:	☐ Yes ☐ In Person ☐ Phone Using Number on File
Other Approved Verification:	_____
Verified By (Employee):	_____
Date Verified:	_____
Date ACH Added / Changed / Cancelled:	_____

Security Reminder: Do not send completed forms containing banking information through unsecured email. Store completed forms securely with access limited to authorized personnel.