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: You are authorized to originate Debit entries to my Account to pay recurring amounts owed by me after 10 calendar days my normal monthly reading date. The amount of these recurring payments may vary. Please send all notices and advices to the address shown below my signature. *I also authorize adjustment entries in the vent of erroneous transactions to my account.*

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:_____
Address:_____
Phone#:_____
Email:_____

PLEASE ATTACH A VOIDED CHECK

Service Location:_____Cust#_____Rt/Seq#_____