



ARCH CAPE SANITARY DISTRICT

ARCH ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

AGREEMENT

ARCH CAPE SANITARY DISTRICT IS PLEASED TO OFFER AUTOMATIC ELECTRONIC DEBITING FOR THE CONVENIENCE OF OUR CUSTOMERS. THIS IS AN OPTIONAL, NO CHARGE SERVICE THAT ALLOWS YOU TO HAVE YOUR PAYMENT AUTOMATICALLY WITHDRAWN FROM YOUR BANK ACCOUNT. PAYMENTS WILL FOLLOW BUSINESS OFFICE GUIDELINES AND SCHEDULES. IF YOU ARE INTERESTED IN PARTICIPATING, PLEASE READ THE AUTHORIZATION AGREEMENT FORM AND FOLLOW THE INSTRUCTIONS BELOW.

1. COMPLETE THE FORM BELOW. BE SURE TO INCLUDE YOUR NAME, SIGNATURE(S), AND DATE. PLEASE PRINT CLEARLY. (AN INCOMPLETE FORM CANNOT BE PROCESSED)
2. **IMPORTANT:** TO HAVE YOUR PAYMENTS DEBITED FROM YOUR CHECKING ACCOUNT, YOU MUST ATTACH A VOIDED CHECK.
3. IF THE SELECTED ACCOUNT IS IN A NAME OTHER THAN YOURS, OR IS A JOINT ACCOUNT, YOU MUST INCLUDE THE NAME OF THE OTHER PARTY AND THEIR SIGNATURE.
4. VERIFY THE ACCOUNT AND ABA/ROUTING NUMBER WITH YOUR BANK.
5. RETURN THE COMPLETED FORM TO THE ARCH CAPE SANITARY DISTRICT BUSINESS OFFICE BY MAIL TO:

ARCH CAPE SANITARY DISTRICT
ATTN: BUSINESS OFFICE - ACH
32065 EAST SHINGLE MILL LANE
ARCH CAPE, OR 97102

Please call the Arch Cape Sanitary District Business Office at (800) 853-8802 ext. 800 if you need further information.

AUTHORIZATION AGREEMENT FOR DIRECT CHARGES (ACH DEBITS AND/OR ACH CREDITS)

BUSINESS NAME: _____
(PLEASE PRINT CLEARLY)

BUSINESS DAYTIME PHONE: _____

I(WE) HEREBY AUTHORIZE ARCH CAPE SANITARY DISTRICT TO INITIATE DEBIT AND/OR CREDIT ENTRIES TO MY(OUR) CHECKING SAVINGS ACCOUNT (SELECT ONE) INDICATED BELOW AT THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED DEPOSITORY, AND TO DEBIT AND/OR CREDIT THE SAME TO SUCH ACCOUNT. I(WE) UNDERSTAND IF CORRECTIONS ARE NECESSARY, IT MAY INVOLVE ADJUSTMENT (CREDIT OR DEBIT) TO MY(OUR) ACCOUNT. I(WE) ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO MY(OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

DEPOSITORY

NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING PHONE ACCOUNT
NUMBER: _____ NUMBER: _____ NUMBER: _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL ARCH CAPE SANITARY DISTRICT HAS RECEIVED WRITTEN NOTIFICATION FROM ME(US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD ARCH CAPE SANITARY DISTRICT AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON THIS REQUEST.

AUTHORIZED SIGNATURE: _____ DATE: ___ / ___ / _____

ACCOUNT HOLDER NAME: _____

JOINT ACCOUNT HOLDER SIGNATURE: _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

BUSINESS OFFICE USE ONLY: DATE RECEIVED: _____ BANK VERIFICATION: _____ INITIALS: _____