

Schedule A^b
Authorization Agreement for Automatic Payment via ACH

Running Springs Water District Customer Information

Property Owner's Name _____
 As it appears on your bank account

Property Address _____

Mailing Address _____ City _____

State _____ Zip _____ Phone _____

Running Springs Water District Customer Account No. _____

Payment processing date will be the first day of the month beginning (month, year) _____
 _____ Customer
 Initials

Financial Institution Information

Name _____
 As it appears on your bank account

Financial Institution's Name _____

ABA Routing # _____ Account # _____

Address _____ State _____ Zip _____

Phone # _____ Account Type Checking Savings

Payment processing date will be the first day of the month

Authorization

I hereby authorize _____ to initiate debit entries to my (our) account indicated above. This authority is to remain in full force and effect until the Running Springs Water District has received written notice of termination at least 7 (seven) days prior to the 1st of the processing month.

Date _____ Signature _____

Print Name _____