

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize **CUCHARAS SANITATION AND WATER DISTRICT**, hereinafter called COMPANY, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notice from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Amount to Withdraw:

Signature

Date

Your Phone #:
CSWD Account Number:

Name (print):
CSWD Service Address:

Financial Institution Name:

Financial Institution Address & Phone #:
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ATTACH VOIDED <u>CHECK</u> HERE
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IMPORTANT! CHECK TYPE OF ACCOUNT: () CHECKING () SAVINGS

*Due to time required for processing, allow one or two months