

**CBDUD payment (ach) authorization form**

**Start Date \_\_\_\_\_**

**I (we) hereby authorize the CBDUD, hereinafter called COMPANY, to initiate credit/debit entries to my (our) account indicated below at the depository financial institution name below, hereafter called DEPOSITORY, and to credit/debit the same to such account for the payment of Utility Services provided by the CBDUD. I (we) acknowledge that the origination of ACH to my (our) account must comply with the provisions of U. S. law. I understand that if any account numbers listed on this form changes, this authorization will remain in effect for the new account numbers. This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. CBDUD will notify the customer each month the amount that will be deducted from the account by sending a bill with ‘memo do not pay” printed on the top of the bill. This will be sent to the customer before the actual bill is due.**

**Utility Account Information:**

**Customer name as it appears on the account, Utility Account Numbers**

**Financial Institution information; Attach voided check (no copies allowed) or savings deposit slip.**

**Printed or typed name (s) exactly as it/they appear on the bank statement.**

**Bank name and address**

**Checking\_\_\_\_\_ Savings\_\_\_\_\_**

**Bank account number**

**Bank transit routing number -located on the bottom left of check between symbols**

**This form cannot be processed without your signature(s)**

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**Signature(s) of bank account holder(s)**