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COMMUNITY SERVICES DISTRICT

8930 PLACER ROAD
REDDING, CA 96001-9719
FAX (530) 246-2254

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)
Centerville Community Services District**

I (we) hereby authorize Centerville Community Services District, hereinafter known as DISTRICT, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. 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 Number: _____

Account Number: _____

This authorization is to remain in full force and effect until District has received written notification from me (or either of us) of its termination in such time and in such manner as to afford District and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ Centerville Acct. #: _____

Date: _____ Signature: _____

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

**A VOIDED CHECK MUST BE SUBMITTED WITH THE
APPLICATION TO BEGIN ACH DEBITS**