

**CROSS ANCHOR UTILITY DISTRICT**  
**ACH Payment Authorization Form**

I, \_\_\_\_\_, authorize Cross Anchor Utility District to charge my bank account indicated below in accordance with the district's alternate payment methods policy.

Please complete the following information concerning your account(s) with Cross Anchor Utility District:

Email \_\_\_\_\_ Phone \_\_\_\_\_

Service Address(es) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Number(s) \_\_\_\_\_

Please complete the following information concerning your account with your financial institution:

Institution \_\_\_\_\_  Checking  Savings

City/State \_\_\_\_\_

Name on Account \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_



I understand that this authorization will remain in effect until I cancel it in accordance with the alternate payment methods policy. I understand that, because this is an electronic transaction, these funds may be withdrawn from my account as soon as the same date as noted in the alternate payment methods policy. In the case of rejection of payment by ACH, I understand that the returned payment will be handled in accordance with the returned check policy. I understand that my account(s) with Cross Anchor Utility District will be removed from ACH should payments be returned more than one (1) time in a twelve month period for any reason, which will result in ineligibility of my accounts with Cross Anchor Utility District for ACH for a period of not less than twelve (12) months. I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my financial institution so long as the transactions correspond to the terms indicated in this authorization form and in the alternate payment methods policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_