

**EAST NILES COMMUNITY SERVICES DISTRICT
1417 VALE STREET
BAKERSFIELD, CA 93306
(661) 871-2011
FAX (661) 871-2356**

**Mailing Address: P.O. Box 6038
Bakersfield, CA 93386-6038**

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name East Niles Community Services District

I (we) hereby authorize The East Niles Community Services District, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (**select one**) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account, 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 _____

***(If Checking Account is selected, please provide a voided check with this form. If Savings Account is selected, then contact your financial institution to obtain its transit routing number.)**

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.

Name(s) _____ I.D. Number _____
(Please Print) (Customer Account No.)

Date _____ Signature _____

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Automatic debit of your account will occur on the 2nd Monday following the bill date.

(Date Processed _____)
Office Use Only