

Weaverville Sanitary District

P.O. Box 1949 Weaverville, CA 96093

Telephone – Office: (530) 623-4102 – Treatment Plant: (530) 623-6529

<http://www.weavervillesd.com>

AUTOMATIC DEBIT AUTHORIZATION FORM		
Company: Weaverville Sanitary District		Company ID Number: 946037604
I (we) authorize the Weaverville Sanitary District, hereinafter called COMPANY, to initiate debit entries to my (our) checking/savings account (circle one) indicated below at the depository financial institution named below, hereinafter 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 US law.		
Depository Name		Branch
City	State	Zip
Bank Routing Number		Account Number
		Checking Savings
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 matter as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.		
Name(s)		WSD Customer Account Number(s)
Date	Signature & Title	
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.		

Payment will be withdrawn from your account on the 10th day of the current billing cycle. If this day falls on a weekend for a holiday than it will be withdrawn on the next business day.