

# ACH Authorization Form

## CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize **KEYES COMMUNITY SERVICES DISTRICT** to initiate entries to my (our) checking account at the Financial Institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until **KEYES COMMUNITY SERVICES DISTRICT** is notified by me (us) in writing to cancel it in such time as to afford **KEYES COMMUNITY SERVICES DISTRICT** and **THE FINANCIAL INSTITUTION** a reasonable opportunity to act on it. This transaction will take place on the 17<sup>th</sup> of each month.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution-Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name – PLEASE PRINT)

\_\_\_\_\_  
(Address – PLEASE PRINT) (PHONE #)

Total Monthly charges will vary depending on monthly bill.

Financial Institution Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

{ 123456789 } { 1234567890123 }  
Routing Number Account Number