

## Weaverville Community Services District

### AUTOMATIC DEBIT AUTHORIZATION FORM

Company : Weaverville Community Services District	Company ID Number 79131547
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I (we) authorize **The Weaverville Community Services 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.

<b>Depository Name</b>	<b>Branch</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>Bank Routing Number</b>	<b>Customers Banking Account Number</b>	



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.

<b>NAME(S)</b>	<b>WCSD Customer Account Number</b>
<b>DATE</b>	<b>SIGNATURE &amp; TITLE</b>

**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.**