

CAIDD

Recurring ACH Payment Authorization Form

GENERAL INSTRUCTIONS

- Please type or print clearly on the form.
- Please make a copy of your application for your records.

SPECIFIC INSTRUCTIONS

- All customer and banking information must be completed.

ACH DEBIT INFORMATION

- You can obtain your bank details either directly from your bank or from the bottom of a check linked to the account you wish to use.
- **Account Number:** Must be no more than 17 digits.
- **Routing/Transfer Number:** Must be exactly 9 digits.
- Please ensure all bank numbers are entered without hyphens or special characters.
- Remember to attach a voided check from the bank account you want debited.

SIGNATURE

- The ACH Form must be signed by the individual authorized to issue checks from the account.

IMPORTANT INFORMATION

- ACH payments cannot be processed from savings accounts or Canadian banking institutions. Please provide a valid U.S. checking account.
- If you wish to switch to a different bank account, you must submit a revised ACH form.

If you have any questions, please contact the District Office at:

Phone: 520-466-7336

Fax: 520-466-7778

Email: payments@caidd.com

Send completed form with a voided check to:

CAIDD

231 S Sunshine Blvd

Eloy, AZ 85131

Email: payments@caidd.com

CAIDD

Recurring ACH Payment Authorization Form

This authorization form will remain in effect until either canceled in writing or an updated form changing the information is submitted to the following address:

Central Arizona Irrigation and Drainage District
231 S Sunshine Blvd
Eloy, AZ 85131
Phone: 520-466-7336
Fax: 520-466-7778

Bank Information	
Bank Name:	
Bank Routing Number (9 digit ABA#): / / / / / / / / /	
Bank Account Number: / / / / / / / / / / / / / /	
Name as it appears on the account:	
Customer Information	
Service Provider: CAIDD	
Name as it appears on the account:	
Email Address:	
<u>*** A voided check must accompany this form ***</u>	

I hereby authorize CAIDD to automatically withdraw from my Checking Account the amount needed to maintain a positive balance on my water account and to make deposits if necessary for error correction. I authorize the Financial Institution named above to accept such transactions initiated by CAIDD. The withdrawal shall be made from my account on an as needed basis to maintain a positive balance. I am aware of my right to stop a withdrawal by notifying CAIDD at any time up to three (3) business days before the withdrawal date. If an erroneous withdrawal occurs and I notify the Financial Institution of the error within 60 days of the issuance of my account statement, the institution must investigate and resolve the error within 45 days of notification. If the error is not resolved within the first 10 business days following receipt of my notification, my account shall be recredited for the amount in question until the investigation is completed. (Condensed for Regulation E, Electronic Fund Transfer Act for the consumer's protection. For more information, contact your Financial Institution.)

Signature: _____ Date: _____

Internal Use Only

Status	Date	Initials	Notes
Received			
Entered			<input type="checkbox"/> Scanned
Reviewed			

This section is for internal tracking purposes only and should not be shared externally.