

ACH Application

Shasta Community Services District

Customer Account #:

Customer Name:

Customer Phone #:

Customer Address:

City, State, Zip Code:

Please attach a voided check or fill out the lower information than sign application.

Account Type

Checking Savings

Bank Name:

Bank Address:

City, State, Zip Code:

Phone:

Routing #:

Account #:

Terms and Conditions

I agree to have the Shasta Community Services District withdrawal current total amount due on account. ACH withdrawal will be done during the third week of the month.

There is a Fee of \$0.50 cents per transaction and can adjust according to current bank fees.

There is a Fee of \$25.00 for Insufficient funds.

By signing below, I agree to these terms and conditions.

Signature

Date

Please bring to form to office

Mail to Shasta CSD PO Box 2520 Shasta, CA 96087

Or email to contact@shastacsd.org