## MAMMOTH COMMUNITY WATER DISTRICT PO BOX 2117, Mammoth Lakes, CA 93546 (760) 924-4520 billing@mcwd.dst.ca.us

## **Authorization For Automatic Draft Payment**

Your payments for water/wastewater service will be automatically deducted from your checking account on the 20<sup>th</sup> of each month, or on the first business day after the 20<sup>th</sup>, at no charge. Please fill out the information below and return to Mammoth Community Water District (MCWD).

I /We authorize MCWD to debit the checking account indicated below for the amount due.

Customer Phone #

Mammoth Community Water District Account Number

**Customer Email** 

Your Bank Name

Signature(s)

Name(s) on Bank Account

**Depository Account Number** 

Depository Transit/ABA (routing) Number

Name(s) of authorized person(s) (please print)

This authority is to remain in effect until MCWD receives written notification from me/us of its termination.

Consistent with California's Uniform Electronic Transactions Act (Cal. Civ. Code, §1633.1, et seq., and any other applicable law), by submitting this form with your electronic signature, you understand and agree that you are entering into a binding agreement with the District, and that your electronic signature is the same as your handwritten signature for the purposes of validity, enforceability, and admissibility of your signature and the agreement to which it is applied.

Service Address

Date