## Improvement District Services, Inc. Administrators for the

## **American Ranch Domestic Water Improvement District**

3603 Crossings Drive, Prescott, AZ 86305

Phone: (928) 443-9484 / Fax: (928) 443-9486 / In-State Toll Free (800) 659-7149 diana@idsadmin.com / jbartos@idsadmin.com ardwid.com

## Recurring Auto Withdrawal Payment Authorization Form for American Ranch DWID Quarterly Customers

PLEASE MAIL THIS FORM <u>ALONG WITH A VOIDED CHECK</u>, TO THE ADDRESS ABOVE or IT CAN BE FAXED TO 928/443-9486. EMAILED FORMS WILL NOT BE ACCEPTED. THIS FORM CANNOT BE PROCESSED WITHOUT A COPY OF YOUR VOIDED CHECK.

Forms must arrive 30 days prior to the next billing period. If they arrive later than that date, they will start on the following bill cycle.

You authorize scheduled debits to your checking or savings account. Your account will be debited the full amount due each billing period. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive written notice from us 30 days prior to the next withdrawal.

withdrawai.	
Please complete the information below:	
I (customer's Water Improvement District to charge my bank accoun of each billing quarter (February 8 <sup>th</sup> , May 8 <sup>th</sup> , August 8 <sup>th</sup> Ranch DWID Unconnected User Fee. which included m accordance with the most current resolution.	th, and November 8th) for payment of my American
American Ranch Account Number	Service Address
Billing Address	Phone#
City, State, Zip	Email
Account Type: Checking Savings  Name on Acct  Bank Name  Account Number  Bank Routing #  Bank City/State  Start Date  SIGNATURE	Routing Number Account Number
SIGNATURE	DATE
I understand that this authorization will remain in effect until I cancel it i Improvement District in writing of any changes in my account informatic authorization at least 15 days prior to the next billing date. If the above understand that the payment may be executed on the next business da \$0 pre-note transaction will occur on my account. I understand that be withdrawn from my account as soon as the above noted periodic transa Non-Sufficient Funds (NSF) I understand that Improvement District Ser within 30 days, and agree to an additional \$40.00 charge for each retithe authorized recurring payment. I acknowledge that the origination of of U.S. law. I agree not to dispute this recurring billing with my bank so authorization form.  PLEASE COMPLETE ONLY IF NOT THE LEGAL PROPERTY OWNED I understand that I am not the legal owner of this property but	on, including a change in total ERU's, or termination of this noted periodic payment dates fall on a weekend or holiday, I ay. I understand that upon starting the automatic payment, that a cause this is an electronic transaction, these funds may be action dates. In the case of an ACH Transaction being rejected for rvices may at its discretion attempt to process the charge again urned ACH which will be initiated as a separate transaction from a ACH transactions to my account must comply with the provisions long as the transactions correspond to the terms indicated in this ER:

sewer payments via ACH. I understand that Improvement District Services, Inc. must receive written consent from the

owner before the ACH can go into effect. Initials: \_