

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 Monthly Customers**

PLEASE MAIL THIS FORM ALONG WITH A VOIDED CHECK, 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 10 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.

Please complete the information below:

I _____ (customer's full name) authorize American Ranch Domestic Water Improvement District to charge my bank account indicated below on the 6th of each month of each for payment of my American Ranch DWID Monthly Water Bill, which included my water usage amount. The fee amount is in accordance with the most current resolution.

American Ranch Account Number _____ Service Address _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Checking Savings

Name on Acct _____

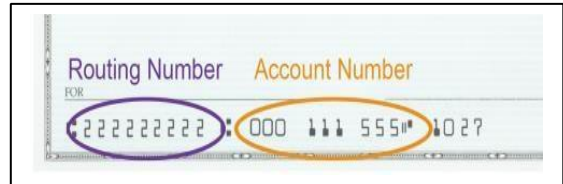
Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

Start Date _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify American Ranch Domestic Water Improvement District in writing of any changes in my account information, or termination of this authorization **at least 15 days prior to the next billing date.** In the case of an ACH Transaction being rejected, for any reason, I understand that I will be charged a **\$40.00 fee for each returned ACH.** I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

PLEASE COMPLETE ONLY IF **NOT** THE LEGAL PROPERTY OWNER:

I understand that I am not the legal owner of this property but with the owner's consent am committing to making sewer payments via ACH. **Signature:** _____