



Phone: 406-252-0539

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ACH Authorization Form

Heights Water account number: _____

Account name: _____

Mailing address: _____

I authorize CWDBH to debit my checking account.

(copy of voided check OR Routing # and Checking account #

Choose which day of the month you would like the payment to pull from your account:

_____10th (or the Monday following if the 10th is on a weekend) _____ 20th (or the

Monday following if the 20th is on a weekend) Please

choose:

_____ Pay the balance monthly.

_____ Budget billing \$ _____ (amount) (reviewed annually),

I understand that there will be a \$35 Returned item fee _____ (initial).

Signature of account holder(s)

Date: _____ Contact phone #: _____