

DIRECTORS
WYNN PIPPIN, President
CLIFF JONES, Vice-President
DONNA DINSMORE
JAMES E. MILLER
JON MUESSIG
BUDGE G. PARKER
ROBERT "BUD" DUNHAM



DUKE NIESKENS
General Manager
Phone: 252-0539
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ACH Authorization Form

Heights Water account number: _____
Account name: _____
Mailing address: _____

I authorize CWDBH to debit my _____ checking _____ savings account
(copy of voided check or withdrawal slip attached).

ACH transactions will be done twice a month. Please choose one:

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

_____ 20th (of 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 Not Sufficient Funds (NSF) charge on a
return item _____ (initial).

Signature of account holder(s) _____

Date: _____ Contact phone #: _____