



CAYUCOS SANITARY DISTRICT

200 Ash Avenue
P.O. Box 333, Cayucos, California 93430-0333
www.cayucosd.org
805-995-3290

BANK DRAFTING AUTHORIZATION AGREEMENT

I, the undersigned recipient of Cayucos Sanitary District (“CSD”) Sewer/Sanitation services, by executing this Bank Drafting Authorization Agreement (the “Agreement”) and upon the Effective Date indicated below, hereby acknowledge, consent and authorize the CSD to instruct my Financial Institution to make automatic payments for sewer or other service charges levied by the CSD pursuant to its Bylaws (“Payments”) from the account (the “Account”) as described herein. I understand that Payments shall be deducted on the 15th of every month for the current cycle and that if the 15th falls on a weekend or holiday, such deduction shall take place the next business day.

I represent and warrant that the necessary funds will be deposited in the Account to cover the Payments. I understand and acknowledge that in the event that there are insufficient funds in the Account to cover any of the Payments, a thirty-five dollar (\$35.00) fee shall be applied prior to CSD re-drafting the Account. Upon receipt of any notice of insufficient funds, I shall immediately deposit the necessary amounts to cover the utility Payment, the \$35.00 fee, and any additional applicable penalties and charges imposed by CSD.

I understand that I control the Payments, and that if at any time I decide to discontinue this payment service, I will notify CSD, in writing, at least thirty (30) days prior to discontinuance of this Agreement.

I ACKNOWLEDGE AND CONSENT TO THE FOLLOWING RESERVATION OF RIGHTS: The parties understand that the bank drafting service described in this Agreement is solely for the convenience of the parties in terms of making the Payments. Cayucos Sanitary District, in its sole discretion, reserves the right to refuse and/or terminate this service. In no way whatsoever does this Agreement relieve or otherwise modify the undersigned’s obligations under the CSD Bylaws or relieve or otherwise modify the undersigned’s obligations to make Payments.

CSD SERVICE INFORMATION

Account in the name of: _____

(Please Mark One Box)

Service Address: _____

Owner Tenant Prop. Management

Phone Number: _____

CSD Account Number: _____

ACCOUNT INFORMATION

Financial Institution Name: _____

Routing Number: _____

(Please Mark One Box)

Account Number: _____

Checking Savings

-For checking account withdrawal, please attach a voided check to this form.

-For savings & online checking account, please include verification of routing number from Financial Institution.

APPROVAL & SIGNATURE

I have fully read the foregoing and agree with the contents contained therein.

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint*): _____ Date: _____

***If using a joint checking account, both parties are required to sign this form.**

Return completed form and appropriate documentation to the CSD office, and the first payment withdrawal will begin on the 15th of the month. If you have any questions as to when the first transaction is to be effective, please call the CSD office at 805-995-3290.

ORIGINAL SIGNATURES ONLY PLEASE