



# CAYUCOS SANITARY DISTRICT

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

## BANK DRAFTING (AUTO-PAY) 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 15<sup>th</sup> of every month for the current cycle and that if the 15<sup>th</sup> 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 there are insufficient funds in the Account to cover any of the Payments, a twenty five dollar (\$25.00) 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 \$25.00 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. CSD, 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.

Owner/Tenant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ Cayucos Sanitary District Account #: \_\_\_\_\_

### Attach Bank-Verified Routing and Account Numbers Below:

**- Attach Voided Check Here -**

*If you do not have access to physical checks, you **must** provide an alternate form of **bank-verified** routing and account numbers and attach it to this application.*

*Examples:*

- *Download a Direct Deposit Form from your online banking portal*
- *Request temporary checks from your bank*
- *Log in to your online banking portal and take a screenshot that includes:  
1) accountholder name, 2) routing number, 3) account number*

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

Authorized Signature (Primary Account Holder): \_\_\_\_\_ Date: \_\_\_\_\_

**WE MUST RECEIVE YOUR COMPLETED FORM BY THE 10<sup>TH</sup> OF THE MONTH  
IN ORDER FOR AUTO-PAY TO BEGIN THE SAME MONTH.**