



**Calaveras County Water District  
P O Box 846, San Andreas, CA 95249**

**Automatic Debit Authorization Form**

I (we) authorize Calaveras County Water District, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

**1. Depository Name:**

**2. Branch:**

**3. City:**

**4. State**

**5. ZIP**

**6. Routing Number:**

**7. Account Number**

**8. Your Name:**

**9. CCWD Account Number:**

**10. Date of Request:**

**11. Authorization Signature:**

**Attach voided check here**