

ACH Application

Shasta Community Services District

Customer Account Number: _____

Customer Name: _____

Customer Phone: _____ Email: _____

Service Address: _____

Billing Address: _____

City, State, Zip Code: _____

Please attach a voided check or fill out the form below and sign the application.

Account Type:

☐ Checking ☐ Savings

Bank Name: _____

Bank Address: _____

City, State, Zip Code: _____

Phone: _____

Routing #: _____

Account #: _____

Terms and Conditions

I agree to have the Shasta Community Services District withdraw the current total amount due on account.

ACH withdrawal will be done during the third week of the month.

ACH Fees- \$0.01 - \$150.00 = \$1.95

\$150.01 - \$2,500.00 = \$2.45

\$2,500.01 - \$25,000.00 = \$4.95

There is a Fee of \$25.00 for Insufficient funds.

By signing below, I agree to these terms and conditions.

Signature

Date

Please bring the form to the office: 11570 School Street, Redding, CA 96001 (located in Keswick)

Mail to Shasta CSD PO Box 2520 Shasta, CA 96087

Or email to contact@shastacsd.org