



Cambria Community Services District
Direct Debit Authorization

Please provide a "voided" check from your account with this application

Last Name		First Name		CCSD Account Number
<i>I hereby authorize CCSD to direct debit my account*, indicated below, for water and sewer service fees.</i> <i>My authorization will remain in effect until revoked in writing to CCSD.</i> <i>If this account is closed or otherwise changed, I am responsible to notify the CCSD.</i>				
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Account Number:	Routing/ABA Number	Bank Name	
Customer Signature:			Date:	

* Account will be debited on or about the tenth of each even-numbered month (i.e. Feb., Apr., Jun.). You will still receive a bill, showing you the amount that will be debited.