



Authorization Agreement for Direct Payments (ACH Debits)

Company/Name \_\_\_\_\_

I (we) hereby authorize Butte County Resource Conservation District, herein after called, BCRCD to initiate debt entries in the amount of (\$) \_\_\_\_\_ per month, to my (our)  checking account or  savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such an account. I (we) acknowledge that the origination of ACH transactions to my (our) accounts must comply with US law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

This authorization is to remain in full force and effect until BCRCD receives written notification from me (or either of us) of its termination in such time and in such manner as to afford BCRCD and DEPOSITORY a reasonable opportunity to act on it.

Name (s) \_\_\_\_\_ Phone # \_\_\_\_\_

(Please Print)

Date \_\_\_\_\_ Signature (s) \_\_\_\_\_