



**CORBETT WATER DISTRICT**

P.O. Box 6  
Corbett, OR 97019  
(503) 695-2284

**ACH BANK DRAFT SIGN UP FORM**

**Customer Information**

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Financial Institution Information**

Bank Name: \_\_\_\_\_

Bank Routing/Transit #: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Type: Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Account #: \_\_\_\_\_

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Corbett Water District to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Corbett Water District will revoke this authorization.

Corbett Water District reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

**A voided check must be sent with the application.**

\_\_\_\_\_  
Printed Authorized Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date