



Service ID # _____

KACHINA VILLAGE IMPROVEMENT DISTRICT

3150 Jadito Trail, Flagstaff AZ 86005

(928)525-1775

ACH Bank Draft Payment Sign-Up Form

CUSTOMER INFORMATION

Name on Account: _____ E-mail Address: _____

Service Address: _____ Phone No: _____

FINANCIAL INSTITUTION INFORMATION *(attach a voided check or complete below)*

Bank Name: _____	
Bank Routing/Transit No: _____	
Name as it Appears on Bank Account: _____	
Bank Account Type (circle one):	Checking / Savings
Bank Account No: _____	

DEDUCTION AMOUNT will be current amount with a maximum of **\$250**. For any adjustment of amount, please talk to the clerk.

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

I authorize Kachina Village Improvement District to deduct my utility payment from this bank account via Electronic Fund Transfer. I understand Kachina Village Improvement District requires a 30 written notice in order to revoke this authorization.

Kachina Village Improvement District reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date