

EAST GREENACRES IRRIGATION DISTRICT
2722 N McGUIRE RD. POST FALLS, ID 83854
208-773-7579
ACH Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION:

Name: _____

Account Address: _____

E-mail Address: _____

Phone Number: _____

FINANCIAL INSTITUTION INFORMATION:

Bank Name: _____

Bank Routing/Transit No: _____

Account No: _____

Name on Account: _____

Account Type (check one): CHECKING SAVINGS

ATTACH A VOIDED CHECK HERE

*Fill out this form and return it to East Greenacres via USPS mail to the address above or
Email it to info@eastgreenacres.org*

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 EAST GREENACRES IRRIGATION DISTRICT to deduct my domestic water utility payments from this bank account via Electronic Fund Transfer in the following manner (choose one):

Domestic Account balance in full, each quarter, as stated on the quarterly bill. Payment withdrawal dates will be **March 20th** (for January bill), **June 20th** (for April bill), **September 20th** (for July bill), and **December 20th** (for October bill).*

OR

A set monthly amount of \$_____. Payment withdrawal dates will be the 20th of every month.*

For my Irrigation Assessment account payments:

Irrigation Account balance in full, as stated on the yearly assessment billing. Payment withdrawal date will be **December 20th** *

Printed Authorized Name: _____

Signature: _____ Date: _____

*If the withdrawal date falls on a weekend or a holiday, the payments will be generated on the following business day