

Carbon Water Conservancy District

Electronic Payment Authorization Form

Authorization for Electronic Funds Transfer (ETF / ACH) Payments in Lieu of Paper Checks

Instructions: Complete this form to authorize electronic payments (ACH/EFT) directly to your bank or to authorize automatic withdrawals. This standard format satisfies internal control and dual-signature verification standards.

1. Account Holder / Payee Information

Company / Vendor Name: _____
Contact Person: _____ Date: _____
Address: _____
Phone Number: _____ Email: _____

2. Banking Information (Attach a voided check if available)

Financial Institution Name: _____
Routing Number (9 Digits): _____
Account Number: _____
Account Number: _____
Account Type: _____

3. Electronic Payment Authorization Terms

By signing below, the authorized signatories hereby authorize the initiating party to credit and/or debit the account indicated above via Electronic Funds Transfer (EFT) / Automated Clearing House (ACH) network in lieu of sending paper checks. This authority remains in full force and effect until the initiating party has received written notification from either signatory (or their authorized future successors) of its termination in such time and manner as to afford a reasonable opportunity to act on it.

One Time Authorization: _____ Continuous Authorization: _____

4. Required Dual Signature Authorization

Authorized Signatory 1.

Authorized Signatory 2.

Signature: _____

Signature: _____

Title: _____

Title: _____