



Deer Creek Water Association

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Vaughn Hagen
Dave Black
Leroy Rohde
Darla Norman
Paul Jordan

- President
- Vice President
- Director
- Director
- Director

Douglas Wittinger

- Secretary/Treas.

ACH Authorization Form

Credit / Debit Authorization Form

I (we) authorize _____ (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of your Financial Institution)

(Address of your Financial Institution – Branch, City, State, Zip)

(Your Signature)

(Date)

(Your Name – PLEASE PRINT)

(Your Address – PLEASE PRINT)

Set Amount of Withdrawal: _____ or Maximum Amount: _____

Your Financial Institution's Routing Number: _____

Your Checking/Savings Account Number: _____