



Cape Girardeau CRCSD
3054 State Highway FF, Jackson MO 63755
ACH Bank Draft Payments Sign-Up Form

Customer Information

Name: _____

Customer Number: _____

E-mail Address: _____

Phone #: _____

Financial Institution Information

Bank Name: _____

Bank Routing/ Transit No: _____

Name on Account: _____

Account Type (circle one): Checking / Savings

Account No: _____

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 Cape Girardeau CRCSD to deduct my utility payment from this bank account via Electronic Fund Transfer. I understand sending a written notification of Cape Girardeau CRCSD will revoke this authorization.

Cape Girardeau CRCSD reserves the right to cancel Electronic Fund Transfer due to insufficient funds without notice. I understand that if the ACH is returned, I will have a \$10.00 fee plus the amount of my monthly rate back on my account.

Print Authorized Name

Authorized Signature

Date