



To sign up for e-debit direct deduction automatic payment, fill out the authorization form below and return it to our office by mail, email or fax (626) 794-5552.

DIRECT DEDUCTION AUTHORIZATION AGREEMENT

Customer Name: _____ Phone #: _____

Address: _____ Kinneloa Account #: _____

Email Address: _____ Type of Account: Checking or Savings

Name of Bank: _____ Bank Routing #: _____

Bank Account #: _____

I authorize KINNELOA IRRIGATION DISTRICT, hereinafter called DISTRICT, to initiate debits from the financial institution designated above. I understand that this transaction will process my total charges due and will occur on or after the 21st of the month.

This authorization will remain in effect until I contact the DISTRICT by phone or written correspondence to either change or terminate this authorization.

Date: _____ Signed: _____

PLEASE INCLUDE YOUR VOIDED CHECK OR COPY HERE
 (Bank account number and routing number are found at the bottom of your check.)

Return the completed form to Kinneloa Irrigation District by mail, email or fax.