CANYON SPRINGS PRESERVE AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

I hereby authorize Canyon Springs Sanitary & Water to initiate debit and, if necessary, credit entries to my account indicated below for my Canyon Springs Preserve water bill. I understand that the amount deducted will be my balance due indicated on the current bill. The withdrawal will take place on the 1st of each month or the next business day if the 1st falls on a holiday or weekend. I acknowledge that this authorization is to remain in effect until Canyon Springs Sanitary & Water has received written or verbal notification of its termination.

THERE WILL BE A SERVICE CHARGE IF FUNDS ARE NOT AVAILABLE

PLEASE PRINT CLEARLY

Name: _____

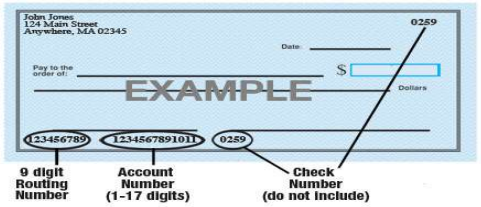
CSP Acct #: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Attach a voided check to form



Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: ☐ Checking ☐ Savings (check one)

Type of Account: ☐ Personal ☐ Commercial (check one)

Date _____

Signature _____

Please mail/email completed form to:

consultclearwater@gmail.com

Canyon Springs Sanitary & Water
PO Box 298
Black Hawk, SD 57718
(605)786-4366