



**REOCCURRING MONTHLY BANK DRAFT PAYMENT
AUTHORIZATION**

Return form to: Lathrop Irrigation District
PO Box 1397
Lathrop, CA 95330

serviceapp@lathropirrigation.com

NAME ON LID ACCOUNT: _____

LID CUSTOMER ACCOUNT NUMBER: _____

BANK NAME: _____

BRANCH NAME/LOCATION: _____

(City, State, Zip)

BANK ACCOUNT TYPE: (CHOOSE THE TYPE OF ACCOUNT YOU WISH YOUR PAYMENT TO BE WITHDRAWN FROM)

_____ CHECKING _____ SAVINGS

NAME ON BANK ACCOUNT: _____

BANK ROUTING (ABA) NUMBER: _____

BANK ACCOUNT NUMBER: _____

I DO HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT AND THAT I AM THE AUTHORIZED USER OF SAID ACCOUNT. I AUTHORIZE LATHROP IRRIGATION DISTRICT TO CHARGE MY MONTHLY BILL ON THE DUE DATE UNTIL FURTHER NOTICE.

ALL TRANSACTIONS RETURNED BY THE BANK WILL RESULT IN A RETURNED TRANSACTION FEE MINIMUM OF \$25

SIGNATURE

DATE