



**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