COTTONWOOD WATER DISTRICT

Mailing Address:
P.O. Box 2130
Cottonwood, CA 96022

Office Location:
3282 Chestnut St.
Cottonwood CA, 96022

Emergency Contact:
(530) 941 - 4274
(530) 209 - 1542

Administrative Contact:
Phone: (530) 347 - 3472

Web: http://cottonwoodwaterdistrict.org

Email: apcottonwoodwater@gmail.com

Application for Water Services

Date: _____   Acct#: _____

Date Service Requested: _____

Name: _____

Service Address:_____ Cottonwood, CA 96022

Billing Address:_____

City   State   Zip

Phone #: (_____)_____-_____   Email:_____

Preferred method of receiving your bill: Printed Bill: _____   ---OR---   Email bill: _____

Drivers License #: _____   SS#: _____

DRIVER'S LICENSE: PLEASE PROVIDE A COPY OR A PHOTO I.D.

PLEASE CHECK APPROPRIATE BOX: RENTER _____   OWNER _____

Landlord's name: _____ (if applicable)

Landlord's telephone or email: _____ (if applicable)

ALL WATER SERVICE APPLICATIONS REQUIRE A $100.00 WATER TRUST DEPOSIT

For payment of your refundable water trust deposit please accompany the application
with either Cash/Check/or fill in the credit card fields below.
CASH ____ Check#____ Debit/Credit____

Credit Card #:_____CCV #:_____Exp Date:_____

Agreed and Signed By: _____

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ACH Autopay Form (Optional)

Name: _____   List of Account#('s): _____

Mailing Address: _____   _____

Service Address:_____   Receive bills by E-mail: YES / NO
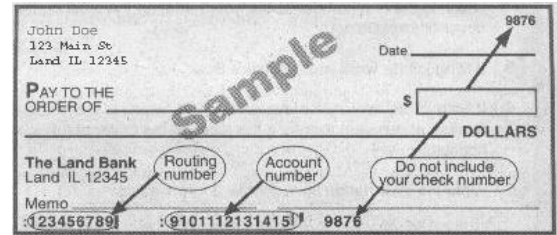
Phone Number: _____   Email: _____

ACH Bank Draft Payment Sign-up Form:

Bank Name: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

Account Type (Circle One):   Checking / Savings

Automatic Bank Drafts will be generated on the 7th of each month following the billing statement date. If the 7th falls on a weekend, it will be the Monday following that date.

I certify that the information above is correct, that I am an authorized signer of designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize COTTONWOOD WATER DISTRICT to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to COTTONWOOD WATER DISTRICT will revoke this authorization.
COTTONWOOD WATER DISTRICT reserves the right to cancel Electronic Funds Transfer due to insufficient funds without notice.

_____
Printed Authorized Name   Date:

_____
Signed Authorized Name   Date: