

Highlands Recreation District
1851 Lexington Avenue
San Mateo, Ca 94402
www.highlandsrec.ca.gov

AUTHORIZED AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Child's Name (if applicable): _____ **Program:** _____ *

*The District reserves the right to also include **past due** amounts from other programs

I (we) hereby authorize **HIGHLANDS RECREATION DISTRICT**, hereinafter called DISTRICT, to initiate debit entries to my (our) **Checking Account**/ **Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. *

Depository

Name _____ Branch _____

City _____ State _____ Zip _____

Email _____

(Fill out email portion if you wish to receive a confirmation on date account is withdrawn.)

This authorization is to remain in full force and effect until DISTRICT has received written notification from me (or either of us) of its termination in such time and in such time and in such manner to afford DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

(Please Print)

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH A VOIDED CHECK OF THE ACCOUNT YOU WISH TO DEDUCT FROM

** Cancellation or changes must be received by the 15th of the month **prior** to the ACH withdrawal.

For EEC, ASP and In Crowd Childcare, see Director for ACH cancellation/change deadlines.

Routing Number _____ Account Number _____

NOTE: ONCE DEDUCTION PROCESS HAS BEEN CONFIRMED THIS LOWER PORTION WITH ACCOUNT NUMBER WILL BE APPROPRIATELY DESTROYED.