



GREEN VALLEY MUTUAL WATER COMPANY

P.O. BOX 8300

GREEN VALLEY LAKE, CALIFORNIA 92341

TELEPHONE: (909) 867-2912

FAX: (909) 867-9603

CUSTOMER INFORMATION:

Name: _____

Customer No.: _____ Location No.: _____

Mailing Address: _____

Phone Number(s): *We do not require all of these fields, only provide the numbers you would like us to keep on file.*

Home: _____ Mobile: _____

Work: _____ Other: _____

Email Address: *(can only keep one email on file for the account)*

I would like to receive my billing statement by: ☐ Mail

Check all that apply or third box:

☐ Email

☐ Both

Please complete the information below if you would like to sign up for ACH Drafting.

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 transactions, and that I am authorized to provide this information.

I authorize Green Valley Mutual Water Company to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Green Valley Mutual Water Company will revoke this authorization.

Green Valley Mutual Water Company reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice.

Print Authorized Name

Authorized Signature

Date