



Pine Cove Water District,
24917 Marion Ridge Rd.
PO Box 2296, Idyllwild, CA 92549
(951)659-2675 Fax: (951)659-3112

ACH AUTOMATIC PAYMENTS

ACCOUNT #: _____

PROPERTY OWNER (CUSTOMER): _____

BANK NAME: _____

BANK ACCOUNT #: _____

BANK ROUTING #: _____

Checking Savings:

Service Address: _____

The undersigned property owner (customer) requests that PINE COVE WATER DISTRICT, PO Box 2296, Idyllwild CA, make an ACH draft payment for the above described account, and agrees to be ultimately responsible for payment of applicable charges for service, and agrees to observe any and all District rules and regulations now or hereafter adopted for water service as they may be amended from time to time.

Date: _____

Signature: _____

The personal information provided herein shall remain confidential and will only be disclosed as required by applicable law (Government Code § 6254.16). The District will use the information for the purposes of providing services and collections.

We are interested in paperless statements. Please enroll us using the following email address:

_____ @ _____