

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS & DEPOSITS
(ACH DEBITS & CREDITS)

ACCOUNT # _____

NAME on ACCOUNT _____

Snowmass Village PHYSICAL ADDRESS _____

I (we) hereby authorize Snowmass Water & Sanitation District, hereinafter called COMPANY, to initiate debit entries and/or credit entries and adjustments for any debit entries or credit entries in error to my (our):

Checking Savings account (select one)

indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same account.

DEPOSITORY (BANK) NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING # _____ BANK
(TRANSIT/ABA #): _____ ACCOUNT #: _____

This authority is to remain in full force and effective until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **Should COMPANY be unable to complete a debit transaction from DEPOSITORY due to insufficient funds, this Agreement will be null and void.**

NAME(s) ON BANK ACCOUNT _____

PHONE # (s): (_____) _____ HOME (_____) _____ WORK

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

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**ATTACH A
VOIDED CHECK
HERE**

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