P.O. Box 568 • Estes Park, CO 80517
Ph: 970-586-4544 • Fax: 970-586-1049
www.utsd.org

# UTSD AUTO BILL PAY- AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

(ACH Debits)

I (we) hereby authorize **UPPER THOMPSON SANITATION DISTRICT** hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____Financial
Institution Name Address City State Zip

Type of Account: ___ Checking ___ Savings _____ _____
Routing/Transit Number Account Number

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

**Customer Name** (please print)**:** _____

**E-Mail Address:** _____

**Signature:** _____

**Customer Phone Number:** _____

**Date:** _____

**UTSD Account Number:** _____

**Customer's UTSD Service Address:** _____

**Mailing Address:** _____

**PLEASE ATTACH VOIDED CHECK TO THIS FORM**
**(No copied checks please)**

Complete the form with a voided check. Mail to: UTSD, P.O. Box 568, Estes Park, CO 80517 **OR…DROP OFF AT THE DISTRICT OFFICE: 2196 MALL ROAD, ESTES PARK.**