

South Durango Sanitation District

Return form to:

P.O. Box 2024, Durango, CO 81302

or

info@southdurangosanitation.org

For billing questions call (970) 749-7386

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (ACH DEBITS)

COMPANY NAME: SOUTH DURANGO SANITATION DISTRICT

Account Number: _____ (list additional account numbers on back of form)

I (we) hereby authorize **South Durango Sanitation District**, hereinafter called COMPANY, to initiate debit entries to my (our) account listed below, hereinafter called DEPOSITORY, to debit same account on the (check one) **5th** ___ **20th** ___ of each month beginning the month following receipt of this authorization by Company..

DEPOSITORY

NAME _____

BRANCH _____

CITY _____

STATE _____

ZIP _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effective until COMPANY and DEPOSITORY have received written notification from me(us) and COMPANY and DEPOSITORY have had a reasonable opportunity to act on it.

NAME(S) _____ ID NO. _____

(As shown on your bill)

(Your driver's license number)

DATE: _____ SIGNED _____

PLACE

VOIDED CHECK

HERE

Your phone #: _____

Your email : _____