Authorization Agreement
ACH Direct Payments

_____ (I) hereby authorize Leadville Sanitation District, hereinafter called District, 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 acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

_____
(Financial Institution)

_____
(Address) (City, State) (Zip)

☐ Checking ☐ Savings

_____
(Routing/Transit Number) (Account Number) (Account Type)

Charges will be processed Bi-Monthly Maximum $ _____

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 District and Financial Insitution a reasonable opportunity to act on it.

_____ _____
(Signature) (Date) (Customer ID #)

_____ _____
Telephone No. Email Address

Check if you would like to go paperless statements ☐ (Statements will be emailed)

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM