



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

To authorize automatic deductions from your checking or savings account, complete this form and send with either of the following items:

- A voided check or copy of a voided check.
- or
- A withdrawal slip from the savings account payment is to be made from (deposit slips do not have the correct routing numbers).

To: Boxelder Sanitation District
PO Box 1518
Fort Collins, CO 80522

Service Address: _____

Name on Boxelder Account: _____

Boxelder Account #: _____

Name of Financial Institution: _____

Checking Savings

Bank Routing Number: _____ Account #: _____

*I authorize Boxelder Sanitation District to instruct my bank/financial institution to make my payment of charges for sanitary sewer services from the account listed on the **15th** of each month or the first working day after that if the 15th is a holiday. I understand this authority shall remain in full force and effect for this address until the Boxelder Sanitation District receives notification from me of its termination, allowing for reasonable time to act on my request. I understand that failure to give such notice to the District may result in late payment to the District and I may incur late payment penalties in connection therewith if payment is not received by the due date. I also understand that any payment that is dishonored by my financial institution because of insufficient funds will cancel this agreement.*

Signature: _____ Date: _____

Phone Number: _____

Billing statements will continue to be sent. The box below the Amount Due will show the message "DO NOT SEND PAYMENT. Electronic funds transfer on the 15th of this month." if your account is scheduled for automatic payment.