



PO Box 3069
Buena Vista, CO 81211
info@buenavistasanitationdistrict.com

Authorization Agreement for Preauthorized Electronic Withdrawals

I hereby authorize Buena Vista Sanitation District to initiate debit entries to my Checking/Savings account indicated below at the depository (Bank or Credit Union) named below, to debit the same to such account for the purchase of paying the monthly sewer bill to Buena Vista Sanitation District.

Said debit to occur each month between the 18th and 21st of each month.

Beginning _____

Sewer Service Account Number _____

Depository Name _____

City _____ State _____

Account Number _____

Routing Number _____

Account Type (Checking or Savings) _____

(Please attach a voided check to this agreement.)

I understand that if an erroneous debit is made to my account, Buena Vista Sanitation District and the financial institution are authorized to reverse the entry and make any adjustments necessary to my account to correct the erroneous entry. This authorization is to remain in full force and effect until I provide written notice to cease to the Buena Vista Sanitation District and the depository (Bank or Credit Union) institution has reasonable opportunity to act on it.

Name (please print) _____

Signature _____

Date _____

****BY CHOOSING THE ACH METHOD OF PAYMENT YOU WILL NOT RECEIVE A STATEMENT.**