



BUENA VISTA SANITATION DISTRICT

26200 COUNTY ROAD 301 • P.O. BOX 3069

BUENA VISTA, CO 81211

(719) 395-8095 • FAX (719) 395-5859

www.buonavistasanitationdistrict.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 institution (Bank or Credit Union) named below, to debit the same to such account for the purpose of paying the monthly sewer bill to Buena Vista Sanitation District.

SERVICE ADDRESS _____ ACCOUNT # _____

Said debit to occur the last business day of the month

BANK NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

ACCOUNT TYPE (Checking or Savings) _____

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 **Buena Vista Sanitation District** and the depository institution (Bank or Credit Union) written notice to cease with reasonable opportunity to act on it.

NAME _____

SIGNATURE _____

DATE _____

EMAIL _____

PHONE _____

MONTH TO BEGIN ACH _____

- **YOU WILL RECEIVE AN E-BILL INDICATING "DRAFT BILL" AS A REMINDER THAT THE FUNDS WILL BE DEBITED FROM YOUR ACCOUNT THE NEXT BUSINESS DAY**
- **ACCOUNT MUST BE CURRENT TO BEGIN ACH**
- **RETURNED ITEMS FROM THE BANK WILL BE SUBJECT TO A \$25 FEE**