

# Loma Linda Sanitation District

Return form to:

P.O. Box 2024, Durango, CO 81302

or

[info@southdurangosanitation.org](mailto:info@southdurangosanitation.org)

For billing questions call (970) 749-7386

## AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (ACH DEBITS)

COMPANY NAME: LOMA LINDA SANITATION DISTRICT

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

I (we) hereby authorize **Loma Linda 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) 5<sup>th</sup> \_\_\_ 20<sup>th</sup> \_\_\_ 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 : \_\_\_\_\_