

# South Durango Sanitation District

Return form to:  
P.O. Box 2024 Durango, CO 81302

## AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (DEBITS)

COMPANY NAME: SOUTH DURANGO SANITATION DISTRICT  
COMPANY ACCOUNT NUMBER: \_\_\_\_\_ (list additional accounts on back of form)

I (we) hereby authorize **South Durango 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)

DATE: \_\_\_\_\_ SIGNED \_\_\_\_\_

-----  
PLACE A

**VOIDED CHECK**

HERE  
-----

Telephone #: \_\_\_\_\_