



SilverCreek Water and Sanitation District Automatic Checking Withdrawal (ACH) Authorization Form

If you would like to authorize SilverCreek Water and Sanitation District to deduct your quarterly payment from your checking account by automatic deduction, please complete the following four steps:

1. Complete the form below. If your account is a joint account, both account holders must sign this form.
2. Attach a **VOIDED, unsigned check to the form.** (An original check only, copies will not be accepted)
3. Return the original form and the voided check to:
SilverCreek Water and Sanitation District
P.O. Box 4014
SilverCreek, CO 80446
4. Retain a copy of this form for your files.

Customer Information:

SilverCreek W & S Account Number: _____

Name(s) on Account: _____

Telephone number(s): _____

Email address: _____

Bank Information:

Name(s) at it appears on Bank Account: _____

Bank Name: _____

Bank Address: _____

Bank Account Number: _____ Bank Routing Number: _____

Bank Phone Number: _____

Your water and sewer service is billed quarterly (January, April, July and October). Your account will be deducted during the second or third week of the first month of each quarter. **This Authorization Form must be received before the start of the quarter that you would like automatic billing to begin, in order to be enrolled for the desired quarter.** If it is received in the first month of any billing quarter, your ACH withdrawal will begin starting the next quarter of the year. ACH payments returned for insufficient funds will be automatically inactivated from the ACH payment options and the account holder will be responsible for any fees incurred. Every customer enrolled in ACH withdrawal will be notified in advance of any changes to the amount debited from their account.

By signing below, you agree to the following:

I understand that if there are any changes to the information listed above, I will notify SilverCreek Water and Sanitation District immediately. If I fail to do so, I will be responsible for any fees incurred. I understand that changes to my bank account information will require that a new Authorization Agreement be signed, as well as, a new voided bank check will be provided. I hereby authorize the financial institution named above to allow automatic withdrawals by SilverCreek Water and Sanitation District, without any responsibility for the correctness of any such withdrawal. I understand that this authorization may be cancelled by either party at any time. My cancellation will become effective when SilverCreek Water and Sanitation District receives my written notice of cancellation and has had a reasonable period of time on which to act on it. Any automatic withdrawals from my account by SilverCreek Water and Sanitation District up until that time will be authorized by this Authorization Agreement.

Signature(s): _____

Date: _____

Date: _____

For office use only:

Date Received: ____/____/____	Received by: _____
Date Terminated: ____/____/____	Amount to be Deducted: \$ _____