UTSD AUTO BILL PAY - AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **UPPER THOMPSON SANITATION DISTRICT** hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name Address City State Zip

Type of Acct: ___ Checking ___ Savings _____ Routing/Transit Number _____ Account Number

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. **Auto Bill Pay option will begin January 1, 2011.**

Customer Name (print individual name)	Customer Name (print individual name)
Signature	Signature
Date	Date
UTSD Customer Account Number	UTSD Customer Account Number
Customer's UTSD Service Address	Customer's UTSD Service Address
Customer Phone Number	Customer Phone Number

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.

Complete the form with a copy of a voided check. MAIL TO: UTSD, P.O. Box 568, Estes Park, CO 80517

***OR...* DROP OFF AT THE DISTRICT OFFICE: 2196 Mall Road in Estes Park**