

**SOUTH SHERIDAN WATER & SANITARY SEWER DISTRICT
7995 EAST PRENTICE AVENUE, SUITE 103E
GREENWOOD VILLAGE, CO 80111-2710
(303) 381-4960
(303) 381-4961 (FAX)**

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize South Sheridan Water & Sanitary Sewer District hereinafter called DISTRICT, 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)		(Branch)
(Address)	(City, State)	(Zip Code)
_____	_____	Type of Acct: ___ Checking ___ Savings
(Routing/Transit Number)	(Account Number)	

This authority is to remain in full force and effect until DISTRICT has received written notification from me (or either of us) of its termination in such time and manner as to afford DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

I understand that if I wish to revoke this authorization, I must notify DISTRICT in writing at least 5 business days prior to the scheduled due date.

(Signature)	(Signature)
_____	_____
(Print individual name)	(Print individual name)

(Date)

Utility account number:

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

**PLEASE REMIT BACK TO: SOUTH SHERIDAN WATER & SANITARY SEWER DISTRICT
7995 E PRENTICE AVE – SUITE 103E
GREENWOOD VILLAGE, CO 80111-2710**

***IF YOU CHOOSE TO USE THIS SERVICE, IT MAY TAKE ONE BILLING CYCLE
BEFORE ACH IS IN EFFECT***