

# FORT COLLINS-LOVELAND WATER DISTRICT SOUTH FORT COLLINS SANITATION DISTRICT

## UTILITY SERVICES AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

I (we) hereby authorize the FORT COLLINS-LOVELAND WATER DISTRICT and SOUTH FORT COLLINS SANITATION DISTRICT (herein after called DISTRICT) to initiate debit entries for UTILITY SERVICES to my (our) – Checking – Savings account (select one). The financial institution named below (hereinafter call FINANCIAL INSTITUTION) will debit the same to this account.

This authority is to remain in full force and effective until DISTRICT and FINANCIAL INSTITUTION receive notification from me (or either of us) of its termination in such time and in such manner to allow DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I UNDERSTAND THAT THE AUTOMATED PAYMENT SYSTEM WILL NOT ACTIVATE UNTIL THE SECOND BILLING AFTER SIGN-UP AND IF THE UTILITY SERVICE ACCOUNT IS CLOSED THAT THE FINAL BILLING WILL NOT BE AUTOMATICALLY WITHDRAWN FROM MY (OUR) FINANCIAL INSTITUTION.

UTILITY SERVICE: ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

### FINANCIAL INSTITUTION

Name \_\_\_\_\_ Branch (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Financial Institution Number \_\_\_\_\_ Account Number \_\_\_\_\_

Return the original of this agreement with a VOIDED CHECK from your financial institution to:

Fort Collins-Loveland Water District  
5150 Snead Drive  
Fort Collins, CO 80525  
Fax: (970) 226-0186

Please keep the yellow copy of this form for your records. Thank you.

Names(s) \_\_\_\_\_

Please print

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_