

**ROXBOROUGH WATER AND SANITATION DISTRICT
c/o COMMUNITY RESOURCE SERVICES
7995 EAST PRENTICE AVENUE, SUITE 100
GREENWOOD VILLAGE, CO 80111-2710
(303) 381-4960
(303) 381-4961 (FAX)**

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

I (we) hereby authorize Roxborough Water and Sanitation 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)
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(Address)	(City, State)	(Zip Code)
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(Routing/Transit Number)	(Account Number)	Type of Acct: ___ Checking ___ Savings
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This authority is to remain in full force and effect until Roxborough has received written notification from me (or either of us) of its termination in such time and manner as to afford Roxborough and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

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

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

_____ (Date)	_____ (Property Address)
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PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

PLEASE REMIT BACK TO: ROXBOROUGH WATER AND SANITATION DISTRICT c/o Community Resources Services of Colorado 7995 E PRENTICE AVE – SUITE 100 GREENWOOD VILLAGE, CO 80111-2710

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