



**Upper Thompson  
Sanitation District**  
This is Home. We Treat it Right.

P.O. Box 568 | Estes Park, CO 80517  
970-586-4544 | utsd.colorado.gov

**UTSD AUTO BILL PAY- AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**

(ACH Debits)

I (we) hereby authorize **UPPER THOMPSON SANITATION DISTRICT (UTSD)** hereinafter called UTSD, 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 Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		_____				_____		_____	
		Routing/Transit Number				Account Number			

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

Would you like to switch to paperless billing?  Yes  No

Customer Name (please print):	E-Mail Address:
_____	_____

Signature:	Customer Phone Number:
_____	_____

Date:	UTSD Account Number:
_____	_____

Customer's UTSD Service Address:	Mailing Address:
_____	_____

**PLEASE ATTACH VOIDED CHECK TO THIS FORM**

(No copied checks)

Complete this form, attach a voided check, and mail to: UTSD, P.O. Box 568, Estes Park, CO 80517.  
The form may also be delivered to the UTSD office at 2196 Mall Road, Estes Park.