



**Upper Thompson  
Sanitation District**  
80517 This is Home. We Treat it Right.

P.O. Box 568 | Estes Park, CO  
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

Type of Account:  Checking  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.