



## Automatic Payment Authorization Form

2223 N. Main Street  
P.O. Box 457  
Creede, CO 81130  
[deputyclerk@creedetownhall.com](mailto:deputyclerk@creedetownhall.com)  
Phone: 719-658-2276  
Fax: 719-658-2017

\_\_\_ I (we) hereby authorize City of Creede, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for Water & Sewer Utilities Payments. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_/\_\_\_\_\_  
Type of Acct: \_\_\_ Checking \_\_\_ Savings

(Routing Number) (Account Number) \_\_\_ Commercial Checking \_\_\_ Commercial Savings

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

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Utility Account #)

\_\_\_\_\_  
(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

YOUR NAME 123  
1234 Main Street  
Anywhere, OH 00000 DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS

⑆044072324 ⑆000123456789 ⑆123

**ROUTING NUMBER**      **ACCOUNT NUMBER**      **CHECK NUMBER**