

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

_____ (we) hereby authorize Leadville Sanitation District, hereinafter called COMPANY, 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)

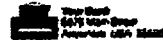
(Address) (City, State) (Zip)

Checking Savings

(Routing/Transit Number) (Account Number) (Account Type)

Mr., Mrs. or Miss Smith 1234
1234 Main Street
Anywhere, USA 55555 City _____ State _____ Zip 1234

City _____ State _____ Zip _____



⑆091000019⑆1234567890⑆ 1234

Bank Routing Number **Checking Account Number**

Recurring Amount \$ _____ Range: Minimum \$ _____ Maximum \$ _____

This authority is to remain in full force and effect until 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 Individual Name)

(Customer Account #)

(Signature)

(Date)

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM