



Parkville Water District

2015 Poplar Street

P.O. Box 45

Leadville, CO 80461

Telephone (719) 486-1449

Fax (719) 486-2057

ACH Authorization Form

Credit/Debit Authorization Form

I(we) hereby authorize Parkville Water District to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Parkville Water District is notified by me (us) in writing to cancel it in such time as to afford Parkville Water District and The Financial Institution a reasonable opportunity to act on it. The amount taken out each month will be the balance of the account. The authorize date will be around the 9th of every month. There will be a \$20 charge for all returned ACH transactions. If the transaction is returned it will be reprocessed for a second time. PLEASE PROVIDE A COPY OF A VOIDED CHECK.

Signature

Date

Name

Address

Acct Number(s)

Name and Address of Financial Institution

Routing Number

Checking/Savings Account Number

If you would like to sign up for e-mail bills please provide e-mail address
