Mt. Crested Butte Water & Sanitation District
P.O. Box 5740 – 100 Gothic Rd
Mt. Crested Butte, CO 81225
970-349-7575 phone 970-349-0412 fax
info@mcbwsd.com
www.mcbwsd.com

Authorization Agreement for Electronic Funds Transfer

I hereby authorize Mt. Crested Butte Water & Sanitation District to instruct my banking institution to make my payment from the bank account listed below:

Customer name: _____

Customer address, city, state, zip: _____

_____

Phone Number: _____ Email: _____

Water & Sewer Account # _____

Utility Service Address: _____

Account Type: ☐ Checking ☐ Savings:

Bank Name: _____

Customer Bank Account # _____

Financial Institution Routing # _____

This authority is to remain in effect until the District has received written notification from me to revoke the authorization. The District will, 25 days prior to transfer date, mail written notice of the amount to be debited from my account and the scheduled date of transfer. The District reserves the right to remove a customer from the Electronic Funds Transfer plan based on insufficient fund transactions.

Signature:_____ Date: _____

Please attach voided check here
(Deposit tickets not acceptable)

For Office Use Only: Recd Date: _____ By:_____
Caselle: _____ Bank: _____ U/F or A/S