



**M E E K E R**  
C O L O R A D O EST. 1885

345 Market Street  
Meeker, CO 81641  
970-878-5344  
[www.townofmeeker.org](http://www.townofmeeker.org)

**ACH Debit Authorization**

I hereby authorize the Town of Meeker hereinafter called TOWN, to initiate debit entries for water payments to the account at the financial institution named below hereinafter called FINANCIAL INSTITUTION. The amount debited shall not exceed the amount billed on my statement. Debits are to take place on the 10th day of each month and will correspond to the current month's statement. If any collections are made in error, I authorize TOWN to initiate credit transactions to same account to correct the error. I acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. law and the National Automated Clearing House Association.

\_\_\_\_\_ Type of Acct: \_\_\_Checking \_\_\_ Savings  
Financial Institution Name

\_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip

\_\_\_\_\_ Name of Account Owner (company or individual) \_\_\_\_\_ Water Account Number

This authority is to remain in full force and effect until TOWN has received written notification from Account Owner of its termination prior to the 20<sup>th</sup> of the month to allow TOWN and FINANCIAL INSTITUTION a reasonable opportunity to act on such termination.

\_\_\_\_\_ Print Authorized Signer's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date

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