

DONALA

Water & Sanitation District, 15850 Holbein Dr, Colorado Springs, CO 80921 719-488-3603 Fax 719-488-3110

Authorization for Automatic Withdrawal

Date: _____ Name: _____ Account #: _____

Property address: _____

I/We authorize the Donala Water and Sanitation District to initiate debit entries to my/our account at the depository (identified below), for the purpose of paying water and sanitation bills. The terms are as follows:

1. At the beginning of each month, you will receive your water and sanitation bill as usual. Please make note of this bill, as this is the amount that will be withdrawn from your designated checking account.
2. On the 24th of each month, or the first business day following the 24th, Donala Water & Sanitation District will withdraw the amount on your bill from your designated bank account.
3. If at the time of the withdrawal the full funds are not available, you will incur a **\$40 Non-Sufficient Funds (NSF) fee**. If your automatic withdrawal is rejected for insufficient funds two times, Donala may terminate this agreement.
4. If you decide to terminate this program, please notify Donala Water and Sanitation District no later than the 5th of the month that you wish to stop the withdrawals. You may terminate withdrawal at any time.

Depository Name: _____

Routing Number: _____

Account Number: _____

Attach a voided CHECK
Not a deposit slip

By signing this authorization, I (we) hereby agree to the terms as stated above.

Name: _____

Name: _____

Signature

Signature