

**Niwot Sanitation District
Automatic Debit Authorization Agreement**

I hereby authorize and request Niwot Sanitation District to effect payment of any amounts owed by me to the District as amounts become due by initiating debit entries to my account at the bank indicated below. I hereby authorize and request my bank to accept and debit entries initiated by Niwot Sanitation District and to debit the same to my account without liability for the correctness of the entries. I understand that my account will be debited on or about the 20th day of January, March, May, July, September, and November.

Bank Name _____

Bank Address _____

Bank Routing Number _____

Account Number to be debited _____

Name as it appears on account _____

I understand and agree that I may terminate this agreement at any time upon three business days prior written notice to Niwot Sanitation District. Notification to Niwot Sanitation District shall be effective upon receipt. If my draft is returned to Niwot Sanitation District for insufficient funds I understand that this amount will be adjusted back onto my account along with any bank charges that have been charged to the District.

Customer Name(s) _____

Date _____ Signed _____

PLEASE BE SURE TO ATTACH A VOIDED CHECK. Once we receive your billing account information, your bank account information will be verified for accuracy. This setup and verification process should take no longer than two weeks.

You will continue receiving a sewer bill, but once your information is approved for “active” payment status, it will state “**AUTOMATIC DEBIT – DO NOT PAY**”. The bill will indicate what amount will be withdrawn from your account as well as the date of the withdrawal.

Customer NSD Account # _____

Customer Service Address _____