

Authorized Agreement for Direct Debit Payment

I hereby authorize and request the City of Arvada (City) to receive payments of amounts owed by me for City water and sewer charges by initiating on the due date debit entries to my account at the Banking Institution (Bank) indicated below.

I hereby authorize and request Bank to accept debit entries initiated by City and to debit the same to my account without liability for the correctness of entries.

City of Arvada Account Number

Customer Name

Service Address

City _____ State _____

Zip Code _____ Phone # _____

It is understood and agreed that I may withdraw from participation at any time by notifying Utility Billing in written form at least five (5) business days before the due date, notification shall be effective upon receipt.

Customer Signature _____

Date _____

Please check the type of account you are using:
 Checking Account Savings Account

**(A voided check must be included
to process the application)**

Banking Institution _____

Bank Routing # _____

Bank Account # _____

Mail to:
City of Arvada
8101 Ralston Road
Arvada, CO 80002