

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER OF PAYMENTS

I hereby authorize and request the City & County of Broomfield Utility Billing System (BROOMFIELD) to effect payment of any amounts owed by me for water/sewer charges to BROOMFIELD as amounts become due by initiating debit entries to my account at the Banking Institution (BANK) indicated below. I hereby authorize and request BANK to accept any debit entries initiated by BROOMFIELD and to debit the same to my account without liability for the correctness of entries.

Please complete the information below:

Customer Name	Utility Account #
Service Address	Bank Name
Mailing Address	Bank Account #
Customer Phone #	

PLEASE READ:

It is understood and agreed that I may terminate this agreement at any time by providing **written notice** to BROOMFIELD five business days prior to my current bill being scheduled to draft from my account. Notification to BROOMFIELD shall be effective upon receipt.

If erroneous debit is made to my account I authorize BROOMFIELD and BANK to stop payment, reverse the entry or make any adjustments necessary to my account to correct the erroneous entry. It is understood that I shall have the rights set forth with respect to all entries initiated by BROOMFIELD under this Agreement.

I understand and agree that any change to the account number provided by MY banking institution to the City may be relied upon by the City. I agree that the City shall make debit entries to said new account number from the date of receipt by the City of the new account number from that day forward.

Customer Signature

Date

INSTRUCTIONS: PLEASE ATTACH VOIDED CHECK

Please mail form to: City & County of Broomfield at One DesCombes Dr Broomfield CO 80020 Attn: Utility Billing

or
FAX : 303 438 6252

DO NOTE WRITE BELOW LINE

FOR CITY & COUNTY OF BROOMFIELD USE ONLY

DATE ENTERED: _____

CLERK INITIALS: _____

CYCLE AND ROUTE: _____