

**SOUTH SHERIDAN WATER, SANITARY SEWER  
AND STORM DRAINAGE DISTRICT  
c/o COMMUNITY RESOURCE SERVICES  
7995 EAST PRENTICE AVENUE, SUITE 103E  
GREENWOOD VILLAGE, CO 80111-2710  
(303) 381-4960 (PHONE) - (303) 381-4961 (FAX)**

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**AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)**

I hereby authorize South Sheridan Water, Sanitary Sewer and Storm Drainage District, to debit entries to my account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Acct: \_\_\_ Checking \_\_\_ Savings

This authority is to remain in full force and effect until South Sheridan Water, Sanitary Sewer and Storm Drainage District has received written notification from me (or either of us) of its termination in such time and manner as to afford South Sheridan Water, Sanitary Sewer and Storm Drainage District and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

I understand that if I wish to revoke this authorization, I must notify South Sheridan Water, Sanitary Sewer and Storm Drainage District in writing at least 5 business days prior to the scheduled date.

Print Individual Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

<p><b>PLEASE REMIT BACK TO: South Sheridan Water, Sanitary Sewer and Storm Drainage District c/o Community Resources Services of Colorado 7995 E Prentice Ave – Suite 103e Greenwood Village, Co 80111-2710</b></p>
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**IF YOU CHOOSE TO USE THIS SERVICE,  
IT MAY TAKE ONE BILLING CYCLE BEFORE ACH IS IN EFFECT.**