



Authorization Agreement for Preauthorized Credit Card Payments

I, _____, hereby authorize **the City of Salida** to charge my credit card, listed below, for the purposes of water and/or sewer service payments to **the City of Salida**. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Said debit to occur on the 20th of each month

_____ Check here if you would like to discontinue paper bills and receive your bill via email and enter your **email address:** _____

CARD TYPE: MASTERCARD VISA DISCOVER

CARDHOLDER NAME: _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP CODE (from credit card billing address): _____

CARD NUMBER: _____ EXPIRATION DATE (mm/yy): _____

CITY OF SALIDA UTILITY ACCOUNT NUMBER _____

Mail or drop off form at City Hall – 448 E 1st Street, Suite 112, Salida, CO 81201. 719-539-4555



Authorization Agreement for Preauthorized Electronic Payments

I hereby authorize **the City of Salida** to initiate debit entries to my Checking/Savings account indicated below at the depository (Bank or Credit Union) named below, to debit the same to such account for the purposes of water and/or sewer service payments to **the City of Salida**.

Said debit to occur on the 20th of each month

_____ Check here if you would like to discontinue paper bills and receive your bill via email and enter your **email address:** _____

BANK NAME _____ CITY _____ STATE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

ACCOUNT TYPE (Checking/Savings) _____

CITY OF SALIDA UTILITY ACCOUNT NUMBER _____

(Please attach a voided check to this agreement)

I understand that if an erroneous debit is made to my account **the City of Salida** and the financial institution are authorized to reverse the entry and make any adjustments necessary to my account to correct the erroneous entry. This authorization is to remain in full force and effect until **the City of Salida** has received notification from me of its termination in such time and in such manner as to afford **the City of Salida** and the depository (Bank or Credit union) institution reasonable opportunity to act on it. Items returned due to insufficient funds or account closure are subject to current applicable fees and late charges and, ultimately, to a tax lien being placed with the Chaffee County Treasurer.

PRINTED NAME _____

SIGNATURE _____ DATE _____

CONTACT PHONES(S) _____

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