



**Automatic Draft Authorization Form**

*Return this form to Ute Water with a voided check. Please list one service address per form.*

Name (as shown on bill): \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Service address: \_\_\_\_\_

Mailing address (if different than above): \_\_\_\_\_

\_\_\_\_\_

*I authorize Ute Water Conservancy District to instruct my bank or savings institution to make my payments from the account listed below. I understand I may revoke this authorization at any time by notifying the district in writing.*

Bank or financial institution: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Checking? \_\_\_\_\_ Savings? \_\_\_\_\_ (check one)

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