

ATTACH VOIDED CHECK

Aspen Consolidated Sanitation District

565 North Mill Street Aspen, CO 81611
970-925-3601 FAX: 970-925-2537

I (we) hereby authorize the Aspen Consolidated Sanitation District, hereinafter called ACSD, to initiate utility payment debit entries to my (our) checking account indicated below and the depository named below, hereinafter called "depository", to debit the same to each account.

Depository Name _____ Branch _____
Street Address _____ Phone _____
City, State, ZIP _____
Transit/ABA No. _____ Acct. No. _____

This authority is to remain in full force until ACSD and Depository have received written notification from me (or either of us) of its termination in such time and such manner as to afford ACSD and Depository a reasonable opportunity to act upon it.

Name 1: _____ Name 2: _____
Signed: _____ Signed: _____
Dated: _____ Dated: _____
Phone Number: _____
Service Address: _____

ACSD Acct. No. _____