



145 South Colorado Avenue  
P.O. Box 205  
Haxtun, CO 80731  
Phone (970) 774-6104  
[admin@townofhaxtun.com](mailto:admin@townofhaxtun.com)

### ACH Agreement for Utility Payments

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

I, \_\_\_\_\_, hereby authorize the Town of Haxtun to draw a draft on my account.

\_\_\_\_\_ Checking

\_\_\_\_\_ Savings

At the \_\_\_\_\_  
Name of Bank

of \_\_\_\_\_  
Street Address City, State, Zip

Each month in payment of the net amount of my utility bill and I will keep the bank draft as my receipt. You may continue to draw my account for my utility bills until further written notice.

Utility Account Number \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Personal Bank Account Number \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**

\_\_\_\_\_ Please email a copy of my bill to the email address below:

\_\_\_\_\_  
Please PRINT email address

\_\_\_\_\_  
Customer Signature