



145 South Colorado Avenue
P.O. Box 205
Haxtun, CO 80731
Phone (970) 774-6104
haxtunco@pctelcom.coop

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(s) _____

Bank Routing Number _____

Personal Bank Account Number _____

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

(Please PRINT email address)

Please attach a voided check to this form.

Customer Signature