

**TOWN OF JULESBURG
100 WEST SECOND STREET
JULESBURG, CO 80737**

In order for the Town of Julesburg to collect monthly payments for utility bills electronically through the automated clearing house, please complete the following and return to the Town of Julesburg.

AUTHORIZATION AGREEMENT

NAME OF CUSTOMER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

TOWN OF JULESBURG ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION NAME _____

(Name of Bank Where Payment of Your Account Will be Made.)

CITY, STATE, ZIP FOR YOUR BANK _____

TELEPHONE NUMBER FOR YOUR BANK _____

CUSTOMER'S BANK ACCOUNT NUMBER: _____

ACCOUNT INFORMATION: ___ CHECKING or ___ SAVINGS

TRANSIT/ROUTING NUMBER _____

(See Bottom of Check – for example Points West Community Bank, Julesburg 102101360)

I hereby authorize the Town of Julesburg to initiate payment of my utility billing though the information hereby provided.

One bank account signature required

Date

_____ I would like a duplicate copy of my bill sent to me each month via USPS.

_____ I would like a copy of my bill emailed to me monthly at _____.

(It is the responsibility of our customer to fill out a new Authorization Agreement if he/she changes banks and/or accounts.)