



Authorization to Debit for Direct Payment (ACH Debit)
Santa Fe County Utilities Division, Water/ Wastewater Utilities, 85-6000073 (SFCU)

Upon the date of my signature below, I authorize **SFCU** to initiate automatic debit entries to my *(check one)*:

Checking Account

Or

Savings Account

and to debit the same to such account. I acknowledge that the SFCU's ACH transactions to my account must comply with applicable federal or state laws.

PLEASE ATTACH A VOIDED CHECK

Bank or Credit Union: _____

Account number: _____

Routing number: _____

I understand that this authorization will remain in effect until I provide SFCU ten (10) business days written notice that I wish to terminate this authorization. I acknowledge that I am responsible for reviewing my monthly billing and the amount debited from my account under this Authorization.

I understand that SFCU has the right to terminate this Authorization for any reason any time upon notice to me.

This authorization is solely for the purpose of bill payment.

(Print Name)

(Sign)

(Date)

Service address: _____

Phone number: _____

Book: _____

Account: _____