



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

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 SFCU's ACH transactions to my account must comply with applicable federal or state laws.

Note: SFCU performs ACH transactions once per month, on the 3rd Wednesday of each month. The full account balance will be deducted.

REQUIRED: PLEASE ATTACH A VOIDED CHECK
Name on bank account must match name on utility account.

Bank or Credit Union Name: _____

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: _____