

# Town of Paonia

## Direct Pay Authorization

Change to Existing Authorization: Yes: No:

I (we) hereby authorize the Town of Paonia to initiate debit entries to my (our) **select one:**  **Checking**  **Savings** account indicated below and the depository named below. I (we) understand that the Town of Paonia will send the bill as per current procedure, and the debit transaction will happen **between the 15<sup>th</sup> – 20<sup>th</sup> of each month.**

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

BANK ADDRESS (if outside of Colorado) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

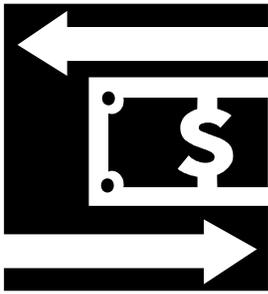
TRANSIT/ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until the Town of Paonia and depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Town of Paonia and depository a reasonable opportunity to act on it.

Town of Paonia Account No. \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_



<p><u>INTERNAL USE ONLY</u></p> <p>Received: _____</p> <p>Entered: _____</p> <p>Initial: _____</p>
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